

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Program Student Assessment Tool / Referral Form

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1. Please rank the student’s current academic performance (taking into account his/her abilities)

Low High 10 9 8 7 6 5 4 3 2 1

1. Please rank the student’s current social skills for appropriateness

Low High

10 9 8 7 6 5 4 3 2 1

1. Please assess the student’s current attitude toward school

Bad/Not Motivated Great/Eager to Learn

10 9 8 7 6 5 4 3 2 1

1. The student experiences issues with peer interaction or exhibits disruptive behavior:

Rarely Often

1 2 3 4 5 6 7 8 9 10

1. Please describe the child’s self-esteem / personality on this scale

Shy/withdrawn Exploring Friendly/Outgoing

10 9 8 7 6 5 4 3 2 1

1. The student’s current school attendance pattern is:

steady few absences/tardies affects school performance

1 2 3 4 5 6 7 8 9 10

1. The student’s current communication skills are:

adequate for age needs work highly lacking

1 2 3 4 5 6 7 8 9 10

COMMENTS ARE HELPFUL – tell us what you can about this student

Other comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Best time for this student to meet with a mentor once a week:

\_\_\_\_\_breakfast \_\_\_\_\_lunch \_\_\_\_\_\_\_afternoon \_\_\_\_\_\_\_\_\_Specials\_\_\_\_\_\_\_\_\_\_\_\_

Other time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| For Office Use Only:  Date Received: \_\_\_\_\_\_\_\_\_\_Paperwork: Sent\_\_\_\_\_\_\_\_\_\_\_ Rtrnd\_\_\_\_\_\_\_\_\_\_\_\_\_ |