

**PEER Mentoring Project at Prevention is Key
Mentee Referral Form**

Youth name: _____

Age: _____ Grade: _____ Pronouns: _____

School: _____

Youth Email: _____

Caregiver Contact information:

Caregiver name: _____

Caregiver Email: _____ Phone number: _____

Referral Source information:

Referred by: _____

Agency/Organization/School: _____

Position: _____ Phone Number: _____

Email: _____

The youth is being referred for the Youth Mentoring Support Project at Prevention is Key due to the following areas (check all that apply):

	Current Opioid Use		Family/loved one currently uses opioids		Poverty		Truancy
	Previous Opioid Use		Family/loved one previously used opioids		Homelessness Risk		Delinquency
	Current use of other substances		Family/loved one currently uses other substances		Gang Involvement		Other, specify:
	Previous use of other substances		Family/loved one previously used other substances		System involved youth/youth deferred from CJS		Other, specify:

Why do you feel this youth might benefit from a mentor?

Do you know if the youth has any particular interests?

What strategies might be effective for a mentor working with this youth?

On a scale of 1–10 (10 being highest) rate the student’s level of:

_____ Social skills

_____ Communication skills

_____ Self-esteem

_____ Attitude about school/education

_____ Family support

_____ Peer relations

Additional comments: