

PLAINVILLE PUBLIC SCHOOLS
Mentor Request Form
For Teacher Use

CHILD'S NAME: _____ GRADE: _____

PERSON REQUESTING MENTOR: _____

Reason for Request: Academic Social Other

(Please explain): _____

Please place a (√) before each area that you feel could be improved:

- | | |
|--|--|
| <input type="checkbox"/> Effort | <input type="checkbox"/> Absenteeism |
| <input type="checkbox"/> Daily Preparation | <input type="checkbox"/> Assignment Completion |
| <input type="checkbox"/> Attention in Class or Activities | <input type="checkbox"/> Quality of Work |
| <input type="checkbox"/> Class/Group Participation | <input type="checkbox"/> Conduct |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Following Verbal Directions |
| <input type="checkbox"/> Following Written Directions | <input type="checkbox"/> Feeling Unhappy or Upset |
| <input type="checkbox"/> Being Easily Distracted | <input type="checkbox"/> Over-Reacting to Situations |
| <input type="checkbox"/> Maturity | <input type="checkbox"/> Getting Along with Peers |
| <input type="checkbox"/> Relating to Adults | <input type="checkbox"/> Aggressive Behavior |
| <input type="checkbox"/> Decision Making | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Having a Positive Adult Influence | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Assertiveness | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Math |
| <input type="checkbox"/> Other: _____ | |

Student's Hobbies and Interests: _____

Student's Strengths: _____

Suggested Mentor/Mentee Activities: _____