



Partnership *for a*  
Drug Free  
DeKalb County



**Teacher/Staff Referral Form**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
Grade: \_\_\_\_\_ Requested by (teacher/staff): \_\_\_\_\_

The child is being referred for assistance in the following areas (circle all that apply):

Academic Issues: \_\_\_ Behavior Issues \_\_\_ Study Habits \_\_\_ Criminal Activities \_\_\_ Family Concerns \_\_\_  
Vocational Training \_\_\_ Social Issues \_\_\_ Other: \_\_\_\_\_

Reasons why this child might benefit from a mentor:

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What interest (in or out of school) does this child have?

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What strategies/learning models might be effective for a mentor/tutor working with this child?

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On a scale of 1-10 (10 being the highest), rate the students level of:

Academic Performance: \_\_\_\_\_ Social skills: \_\_\_\_\_ Self-esteem: \_\_\_\_\_ Family support: \_\_\_\_\_  
Communication skills: \_\_\_\_\_ Attitude about school/education: \_\_\_\_\_ Peer relation: \_\_\_\_\_

What specific subjects, if any, does the student need assistance with?

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Additional Comments:

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