



# The Bakari<sup>®</sup> Mentoring Program Youth Referral Form

Date: \_\_\_\_\_

Youth Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

Referral Name: \_\_\_\_\_ Referral Telephone Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Guardian (s) Name:  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian (s) Telephone Number (s):  
\_\_\_\_\_  
\_\_\_\_\_

Home Address:  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY PERTAINING TO YOUTH REFERRED:**

- |  |   |
|--|---|
| <input type="checkbox"/> Behavioral Issues at Home and/or School | <input type="checkbox"/> Truancy                          |
| <input type="checkbox"/> Academic Credit Deficient               | <input type="checkbox"/> History of Substance Abuse       |
| <input type="checkbox"/> School and/or District Contract         | <input type="checkbox"/> History of Aggression            |
| <input type="checkbox"/> History of Mental Health Issues         | <input type="checkbox"/> Special Education/IEP            |
| <input type="checkbox"/> History of Juvenile Delinquency         | <input type="checkbox"/> Potential to Succeed             |
| <input type="checkbox"/> Parental Support and/or Involvement     | <input type="checkbox"/> Desire for Self Improvement      |
| <input type="checkbox"/> Involved in Extracurricular Activities  | <input type="checkbox"/> Would Benefit from Mentoring     |
| <input type="checkbox"/> Interest in Gaining Employment          | <input type="checkbox"/> Interest in Prosocial Activities |
| <input type="checkbox"/> Interest in College and/or Trade School |   |
| <input type="checkbox"/> Other Information:                      |   |

\_\_\_\_\_  
\_\_\_\_\_

-----FOR BAKARI USE ONLY-----

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Bakari<sup>®</sup> Mentoring Program Director