



## Teacher Referral

Student Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_  
 Teacher E-mail Address: \_\_\_\_\_  
 School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please indicate which areas could be enhanced by academic mentoring. (circle all that apply)

Reading      Spelling      Writing Skills      Math      Self Confidence      Social Skills

Other \_\_\_\_\_

2. How would you rate the student's overall achievement in school? (circle one)

A      B      C      D      F

3. How would you rate the student's overall academic potential? (circle one)

A      B      C      D      F

4. Please check the most appropriate response.

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
Student is outgoing.						
Student exhibits constructive use of time.						
Student has positive relationships with peers.						
Student accepts authority.						
Student exhibits appropriate classroom behavior.						
Student turns in assignments on time.						

5. Does the student see the school counselor? What for?

6. What other academic support services, if any, is this student receiving?

7. What are the student's academic and social strengths?
  
8. Please provide some tips for the volunteer when they are working with this student.
  
9. What is your expectation of this program for this student?
  
10. Please provide the parent/guardian's mailing address and phone number. (Because this program is a partnership with Durango School District 9-R, a special release for this information is not required.)

---

Parent Name

Street/PO Box

City & Zip

Home Phone

11. Have you contacted the parent/guardian to inform him/her that you are referring this student to the program?

***\*If my student receives an academic mentor through Study Connection I agree to enter homework and missed assignments in the "back-and-forth" journal provided. I also agree to provide additional educational materials so my student and the volunteer always have opportunities for learning.***

---

Teacher Signature

---

Date

**Give completed form to your school's Site Coordinator  
Or fax it to: 385-8491**

**PLEASE CALL 247-3720 IF YOU HAVE ANY QUESTIONS OR CONCERNS.**

**2006/2007**