

**Citizens For Safe Schools  
Teacher/School Referral Questionnaire**

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Student name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Requested by: \_\_\_\_\_  
(teacher/staff person)

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

Academic issues      Behavior issues      Study habits      Social problems

Criminal activities      Family concerns      Vocational training      Other

Reasons why this child might benefit from a mentor:

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What interests, either in school or out, does the 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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**PLEASE TURN OVER**

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

Academic performance: \_\_\_\_\_

Social skills: \_\_\_\_\_

Self esteem: \_\_\_\_\_

Family support: \_\_\_\_\_

Communication skills: \_\_\_\_\_

Attitude about school/education: \_\_\_\_\_

Peer relations: \_\_\_\_\_

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

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Number of unexcused absences past year \_\_\_\_\_

Number of behavioral referrals and detentions \_\_\_\_\_

Number of suspensions or expulsions last year \_\_\_\_\_

Please explain: \_\_\_\_\_

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**Please attach copy of last report card**

Additional comments:

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