



Kids in the Middle Mentoring Program

Checklist for School Counselors

Student Profile Guidelines

- Should be in the "middle" grades: between 4th - 8th grades when selected.
- Should be in the "middle" of choosing between good choices and bad choices (grades are starting to slip; behavior becoming more problematic; suffered significant loss and acting out or withdrawn; choosing anti-social friends; etc.)
- There is a "mismatch" between potential and performance
- No (or very short) history of criminal background
- No history of clinical mental health diagnosis (bi-polar, OCD, etc.) other than ADD or ADHD, that has presented severe behavior problems - if history does exist, student must be stabilized with no active issues (mania, suicidal, cutting, etc.)
- A child we can say with some confidence won't be leaving the area for at least 12 months

It is important to remember that not everyone responds to mentoring as a model for change. Some kids just don't need another adult in their life! They need skills more (they already have strong parents and peers) or they will never trust an adult without intensive therapy and clinical support (i.e., they have suffered too much neglect, abuse or trauma.)

An important finding in mentoring research suggests that youth who have a moderate environmental risk and satisfactory but not strong baseline relationships are best suited for mentoring. Again, youth who have all terrible relationships won't trust an adult and youth with a lot of adults in their lives are already saturated and don't benefit.

Procedure for Program Enrollment

- Speak with student: would she like a reliable "friend" to explore activities with and to perhaps help with life skills? (Emphasize we aren't looking for "broken" kids to "fix." We are looking for young people to help bridge the generation gap by connecting them with adults. We are looking for young people who could benefit from experiencing fun activities and new people.)
- Speak with parents/guardians to gauge willingness to support the concept and then:
- Obtain all necessary forms: Mentee Profile Form (Student); Authorization for Release of Info (Parent); Parent Permission Form, completed initial JCP Screen Prompt (Counselor) and Teacher Referral form (Counselor or Teacher)
- Send forms to Citizens for Safe Schools, P.O. Box 243, Klamath Falls, OR 97601
- At approximately twelve months, administer an interim JCP Screen Prompt
- **Enjoy Coffee Bucks (which we will send you periodically ☺) and pat yourself on the back for going "above and beyond" to help with this team effort.**

Citizens For Safe Schools
Mentee/Student Information and Profile
(Please Print Clearly)

Date: _____ Birthdate: _____ Grade Level: _____ M/F _____

Name: _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State/Zip)

Telephone: _____ School: _____

Parent/Guardian Names: _____

If Guardian, please explain the relationship: _____

Language/s spoken at home: _____

Ethnicity: _____ White _____ Native American _____ African American
_____ Hispanic _____ Bi-racial _____ Multi-racial _____ Other

Please tell us a little bit about you: What are some of your hobbies or after school activities? What kind of jobs might you be interested in when you get out of school? What do you like to do for fun? (Tell us as much as you can about what you like to do or would like to try. Feel free to use the back side!)

Is there anything special you'd like to do if you had a mentor or anything you hope to get out of the mentoring program?

Are you able to commit to seeing your mentor one hour per week for one calendar year? **Y / N**

CFSS / School Use Only

Assigned Mentor _____
(name) (phone)

School Contact _____
(name) (phone)

Notes _____

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

Student name: _____ Age: _____

School: _____ Grade: _____

Person Completing this Form: _____

Please rank using #s in order the reasons for the child's referral to the program:

____ Academic issues ____ Behavior issues ____ Study habits ____ Social problems
____ Criminal activities ____ Family concerns ____ Vocational training ____ Other

Reasons why this child might benefit from a mentor:

What interests, in school or out, does the child have? What activities could a mentor introduce this child to?

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

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

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 with?

Number of unexcused absences past year _____

Number of behavioral referrals and detentions _____

Number of suspensions or expulsions last year _____

Please explain: _____

Please attach copy of last report card

Additional comments:

Citizens For Safe Schools Informed Consent and Permission Form

Dear Parent or Guardian:

Citizens For Safe Schools and its volunteer mentors **will make every effort** to uphold the safety and well-being of your child. CFSS and Mentors will assume responsibility for their own willful negligence when involved with mentoring. However, it is important for parents to realize that there are some slight risks involved. Some of these risks include but are not limited to: car accidents when transporting mentees to and from school, home, workshops, movies, ball games, or school events, and potential emotional upset if the relationship ends prematurely.

The potential benefits, however, of mentoring are great.

Please know that all mentors have undergone criminal background checks to exclude those who have serious and/or recent violence related or criminal offenses. All mentors have valid driver's licenses and current car insurance with medical coverage for passengers.

While CFSS monitors its mentors and provides them with some training for working with teenagers, parents should realize that CFSS mentors are not paid professionals.

Please sign below indicating that your child may participate in the program, its related activities and assessments. Your signature also indicates permission to seek emergency medical help, to use photos for our promotional material and that you have read and understood the risks involved; and, you agree not to bring legal action against CFSS and its mentors for any harm resulting from the identified risks.

Thanks for all your support!

_____ Date	_____ Name of Student
_____ Date	_____ Signature of Parent/Guardian

Citizens for Safe Schools
Authorization for Release and Exchange of Information

Name of Mentee: _____ Birthdate: _____

I authorize and consent to the mutual exchange of information between the staff and assigned mentor of Citizens For Safe Schools and the agencies or individuals indicated below for the purpose of supporting the health, safety and wellbeing of my child participating in the Kids in the Middle Mentoring program. Information may be shared by and with:

School(s)

Klamath Basin Behavioral Health

Department of Human Services

Lutheran Community Services

Juvenile Detention

Other _____

Information to be disclosed may include:

School Record

Family History

Medical Record

Psychological Evaluation

Court Record

Other: _____

To exclude: _____

This consent is valid for the child's entire duration in the Kids in the Middle Program and can be used as a release of information at all of the schools they may be enrolled in during their time in the program. However, this consent is subject to revocation at any time, except to the consent that the program which is to make the disclosure has already taken action in reliance on it. If you prefer that any of the above information not be released, please indicate by writing it in the "to exclude" section.

I recognize the information named above may contain specifics that are protected by federal and state law, and I specifically consent to disclosure of such information.

Date Name of Student

Parent/Guardian Signature