

# Junior Partner Referral

Community Based  School Based



*This form is to be completed by the referral source and returned to Partners-Gunnison Valley Mentors. Information on this form will be kept confidential and will be used to assist the Case Manager in matching the child with an appropriate Mentor. Please take the time to fill in all the information completely and return to the Partners-Gunnison Valley Mentors Office at 101 N 8<sup>th</sup> Street, Gunnison, CO Fax 970-642-4259 Phone 970-641-5513*

## Referring Agency Information

Date: \_\_\_\_\_  
Referring Agency: \_\_\_\_\_  
Person making Referral: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

### For Office Use Only

Dates Contacted: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Date Interviewed: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Has parent/guardian been informed of this referral? Yes No

## Child and Family Identifying Data:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Ethnic Origin: \_\_\_\_\_ Language spoken in the home: \_\_\_\_\_  
Child living with: \_\_\_\_\_

Mother/Stepmother/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address (If different from above): \_\_\_\_\_  
Employer: \_\_\_\_\_ Work phone \_\_\_\_\_

Father/Stepfather/Guardian: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address: (If different from above): \_\_\_\_\_  
Employer: \_\_\_\_\_ Work phone \_\_\_\_\_

Brothers/Sisters/ Others in Home: \_\_\_\_\_ Age: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_ Age: \_\_\_\_\_

## School Data:

Grade: \_\_\_\_\_ Working at Grade level: \_\_\_\_\_ Teacher: \_\_\_\_\_ In Sp. Ed. Program Yes \_\_\_\_\_ No \_\_\_\_\_  
Child needs assistance in the following academic or other school performance areas:

Best time for a Mentor to work with the child: (Study Hall, Core Support, After school) \_\_\_\_\_

Child's Interest/Hobbies: \_\_\_\_\_

Recommendations for matching: \_\_\_\_\_

## Family History

Physical Abuse: \_\_\_\_\_

Sexual Abuse: \_\_\_\_\_

Neglect: \_\_\_\_\_

Drug or Alcohol Dependency: \_\_\_\_\_

Suicidal Tendencies: \_\_\_\_\_

Disability: \_\_\_\_\_

Teen Pregnancy: \_\_\_\_\_

Mental Health Issues: \_\_\_\_\_

Violence in the home: \_\_\_\_\_

Constant Relocation: \_\_\_\_\_

Familial Difficulty with the Law: \_\_\_\_\_

Low Economic Status: \_\_\_\_\_

## Behavior

Child acts out at home or in school: Yes \_\_\_ No \_\_\_ Child has run away? Yes \_\_\_ No \_\_\_

Child has counseling needs: \_\_\_\_\_

Displays the following Behavior Patterns:

\_\_\_ Overly dependent on peers/parent figures    \_\_\_ Quiet    \_\_\_ Withdrawn    \_\_\_ Temper tantrums

\_\_\_ Experimentation with drugs/alcohol    \_\_\_ Passive    \_\_\_ Aggressive    \_\_\_ Depressed

\_\_\_ Delinquent behavior    \_\_\_ Acting out    \_\_\_ Destructive

School related Behavior Patterns:

\_\_\_ Low motivation    \_\_\_ Poor Participation    \_\_\_ Low Grades

\_\_\_ Learning Disability    \_\_\_ Poor attendance    \_\_\_ Defiant of authority/questions rules

\_\_\_ Poor peer relations    \_\_\_ Fighting    \_\_\_ Disrupts classroom environment

Comments: \_\_\_\_\_

## What school related and other activities does the child participate in?

## Legal

Probation: Yes \_\_\_ No \_\_\_ Prob. Officer \_\_\_\_\_ Phone: \_\_\_\_\_

Diversion: Yes \_\_\_ No \_\_\_ Div. Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list other contacts with police and juvenile system: \_\_\_\_\_

## Other Agencies working with Child/Family

Agency

Dates of Service

Contact Person

Phone

Additional Comments: \_\_\_\_\_