



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Reach & Rise® Group Mentoring Parent/Guardian Intake

### **Child Information:**

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

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Personal Gender Pronoun (e.g. He, She, They, etc.): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ethnicity:

African American  American Indian or Alaska Native  Asian  Caucasian (Non-Latino)

Hispanic or Latino (of any race)  Native Hawaiian or Other Pacific Islander  Multi-Racial

Unknown  Other: \_\_\_\_\_

### **Parents/Guardian Information:**

Parent/Guardian Name(s): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Best Way to be Contacted:  Home #  Cell #  Work #  Text  Email  In Person

Best Times to be Contacted: \_\_\_\_\_

Primary Language Spoken:  English  Other (specify): \_\_\_\_\_

Are you a part of a Military Family?  YES  NO Type: \_\_\_\_\_

### **If Child's Parents are Divorced Please Answer the Following:**

Do you share physical custody of your child with child's other parent?  YES  NO

Does your child live with you Full time?  YES  NO

Are either parents incarcerated  YES  NO \_\_\_\_\_

What are the living arrangements for your child? \_\_\_\_\_

Which parent makes legal decisions regarding your child? \_\_\_\_\_

Does the other parent know about the referral to this mentoring program?  YES  NO

### **Please Answer the Following Questions:**

Has the group mentoring program been clearly explained to you?  YES  No

How do you think your child and family will benefit group mentoring? \_\_\_\_\_

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

I prefer my child to be in a group with peers:  Same Gender  Co-Ed  No Preference

I prefer my child's mentors to be:  Same Gender  Co-Ed  No Preference

Are you &/or your child open to being matched with a mentor of any age, race/ethnicity, gender, sexual orientation, special needs, religious beliefs, political affiliation, socioeconomic background, or geographic location, etc.  YES  NO? If No, explain: \_\_\_\_\_

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**What areas would you like to see your child improve in? (Check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Self-esteem       | <input type="checkbox"/> Communicating feelings         | <input type="checkbox"/> Family relationships with adults at home   |
| <input type="checkbox"/> Cooperation       | <input type="checkbox"/> Understanding own feelings     | <input type="checkbox"/> Family relationships with children at home |
| <input type="checkbox"/> Attitude          | <input type="checkbox"/> Understanding others' feelings | <input type="checkbox"/> Willingness to try new things              |
| <input type="checkbox"/> Impulse control   | <input type="checkbox"/> Behavior in general            | <input type="checkbox"/> Exposure to new community activities       |
| <input type="checkbox"/> Friendship skills | <input type="checkbox"/> Behavior at school             |   |
| <input type="checkbox"/> Ability to focus  | <input type="checkbox"/> Relationships with teachers    |   |
| <input type="checkbox"/> Reduce anger      | <input type="checkbox"/> Enjoyment of school            |   |

Any other specific goals for your child you'd like to be addressed through the mentoring group?

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Do you have any concerns about your child's academic performance (e.g. poor grades, difficulty focusing in class, trouble getting along with teachers or peers, etc.?).  YES  NO? Please explain: \_\_\_\_\_

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Does your child have special needs or receive Special Education Services (e.g. IEP, SST, or 504 Plan)?  YES  NO? Explain: \_\_\_\_\_

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What days and times is your child available to meet with the group? \_\_\_\_\_

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Any referrals made to or any active Child Protective Services involvement?  YES  NO  
If yes, what happened and when? \_\_\_\_\_

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How would you describe your child? What are your child's strengths and challenges?

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