



Moore Buddies Mentoring

Referral Form

ALL INFORMATION IS CONFIDENTIAL

910-295-1072 (p)
 910-215-0604 (f)
 PO Box 223
 Pinehurst, NC 28370

REFERRAL INFORMATION

Referral's Name: (first) (middle) (last)			Address:	
Race:	Date of Birth:	Living Arrangements:		School:
Gender:	Age:			Grade:
Parent/Guardian Name (if under 18):			Phone:	
Relationship to Youth:			E-mail address:	

Risk Factor Assessment (Check all that apply)

Individual Student Risk Factors	Identified		Identified
Aggressive behavior	<input type="checkbox"/>	Over age for grade/retained in grade	<input type="checkbox"/>
Anti-social behavior	<input type="checkbox"/>	Pregnant or Parenting Teen	<input type="checkbox"/>
Emotional/mental health concerns	<input type="checkbox"/>	School misbehavior (e.g., classroom misconduct, suspensions)	<input type="checkbox"/>
Excessive after-school work hours	<input type="checkbox"/>	Family Risk Factors	
Excessive social activity out of school	<input type="checkbox"/>	Family disruption/stress (e.g., divorce, death, incarceration)	<input type="checkbox"/>
Health/medical concerns (e.g., ADD, ADHD, obesity)	<input type="checkbox"/>	Family history of mental illness	<input type="checkbox"/>
High-risk behavior (e.g., alcohol, drugs, sexually active)	<input type="checkbox"/>	Favorable attitudes toward problem behaviors (e.g., bullying)	<input type="checkbox"/>
High-risk peer groups (e.g., gangs, delinquent youth, bullies)	<input type="checkbox"/>	High family mobility	<input type="checkbox"/>
Involvement with the juvenile justice system	<input type="checkbox"/>	Lack of contact/engagement with school	<input type="checkbox"/>
Lack of effort in school	<input type="checkbox"/>	Lack of family conversation about school/education	<input type="checkbox"/>
Learning disability (e.g., dyslexia)	<input type="checkbox"/>	Lack of parental supervision/discipline	<input type="checkbox"/>
Low commitment/poor attitude toward school	<input type="checkbox"/>	Large number of siblings	<input type="checkbox"/>
Low educational expectations	<input type="checkbox"/>	Low socioeconomic status	<input type="checkbox"/>
No extracurricular activities	<input type="checkbox"/>	Parent(s) with low education level (e.g., HS dropout)	<input type="checkbox"/>
Not living with both natural parents	<input type="checkbox"/>	Sibling had dropped out of school	<input type="checkbox"/>
Poor academic performance	<input type="checkbox"/>	Social isolation in family	<input type="checkbox"/>
Poor attendance/truancy	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Assets and Strengths (Check all that apply)			
Support	Identified	Commitment to Learning	Identified
Family support	<input type="checkbox"/>	Achievement motivation	<input type="checkbox"/>
Positive family communication	<input type="checkbox"/>	School engagement	<input type="checkbox"/>
Other adult relationships	<input type="checkbox"/>	Homework completion	<input type="checkbox"/>
Caring neighborhood	<input type="checkbox"/>	Bonding to school	<input type="checkbox"/>
Caring school climate	<input type="checkbox"/>	Reading for pleasure	<input type="checkbox"/>
Parent involvement in schooling	<input type="checkbox"/>	Positive Values	
Empowerment		Caring	<input type="checkbox"/>
Self-educating	<input type="checkbox"/>	Equality and social justice	<input type="checkbox"/>
Self-confident	<input type="checkbox"/>	Integrity	<input type="checkbox"/>
Service to others	<input type="checkbox"/>	Honesty	<input type="checkbox"/>
Safety	<input type="checkbox"/>	Responsibility	<input type="checkbox"/>
Boundaries & Expectations		Restraint	<input type="checkbox"/>
Family boundaries	<input type="checkbox"/>	Social Competencies	
School boundaries	<input type="checkbox"/>	Planning and decision-making	<input type="checkbox"/>
Neighborhood boundaries	<input type="checkbox"/>	Interpersonal competence	<input type="checkbox"/>
Adult role models	<input type="checkbox"/>	Cultural Competence	<input type="checkbox"/>
Positive peer influence	<input type="checkbox"/>	Resistance skills	<input type="checkbox"/>
High expectations	<input type="checkbox"/>	Peaceful conflict resolution	<input type="checkbox"/>
Constructive Use of Time		Positive Identity	
Creative activities	<input type="checkbox"/>	Personal power	<input type="checkbox"/>
Programs	<input type="checkbox"/>	Self-esteem	<input type="checkbox"/>
Religious community	<input type="checkbox"/>	Sense of purpose	<input type="checkbox"/>
Time at home	<input type="checkbox"/>	Positive view of personal future	<input type="checkbox"/>

SERVICES REQUESTED

<input type="checkbox"/> Community Mentoring	<input type="checkbox"/> In-School Mentoring <input type="checkbox"/> Southern Middle <input type="checkbox"/> Southern Pines Primary <input type="checkbox"/> _____	<input type="checkbox"/> Reading Buddies <input type="checkbox"/> Southern Pines Primary <input type="checkbox"/> Aberdeen Primary	<input type="checkbox"/> Moore Family Connections <input type="checkbox"/> English <input type="checkbox"/> Spanish
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Signature of Referral Source:	Phone :
Date:	E-mail: