

The Mentoring Network

A rural school-based program serving southwestern Idaho

P.O. Box 9412
Nampa, Idaho 83652
208.459.2844, fax 208.454.8809
www.MentoringNetworkID.org

Student Enrollment Profile

Student Name: _____ **Student #:** _____
(First/Last)

Teacher's Name (First/Last): _____

Teacher's E-Mail: _____

Teacher's Phone: _____ **Rm.#** _____

Possible 45-60 minute periods that student would be available for mentoring 1x/week:

From: _____ To: _____
From: _____ To: _____

1. Has this student been involved with law enforcement officials? Y / N / DK
2. If so, was it a result of his/her committing a crime? Y / N / NA
3. Has the student been on academic probation for any part of semester? Y / N
4. Is the student required to repeat this grade? Y / N
5. Is this student on an IEP? Y / N
6. Check any additional information on the student's family situation that will help us to best match student with a mentor:
 - Family member incarcerated, on parole or probation
 - Other involvement with law enforcement
 - Significant health issues of caregiver
 - Caregiver other than parent
 - Unemployed caregiver
 - Homeless or in transitional housing
 - Alcohol/Drug Involvement
 - Gang Affiliation (check all that apply):
 - Don't Know Not affiliated
 - High level of gang activity present in neighborhood
 - Family member is a current member Family member is a former member
 - Student is a current member Student is a former member

7. Please interview the mentee and write in student responses to each stem.

My favorite subjects are: _____

I need help with: _____

My hobbies and interests are: _____

I would like a mentor because: _____