



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Reach & Rise™ Parent/Guardian Intake

Child Information:

Child's Name: _____ Date: _____

Gender: M F Age: _____ DOB: _____

Address: _____ City: _____ Zip Code: _____

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

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 mentoring program been clearly explained to you? YES No

How do you think your child and family will benefit from having a mentor? _____

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 his/her 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"/> Spending quality time at home |
| <input type="checkbox"/> Friendship skills | <input type="checkbox"/> Behavior at school | <input type="checkbox"/> Exposure to new community activities |
| <input type="checkbox"/> Ability to focus | <input type="checkbox"/> Relationships with teachers | |
| <input type="checkbox"/> Reduce anger | <input type="checkbox"/> Enjoyment of school | |

Any specific goals for your child &/or your family you'd like to be addressed through the mentoring program? _____

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.?). Please explain: _____

Does your child have any special educational needs (e.g. IEP, SST, or 504 Plan)? Explain: _____

Does your child often miss a lot of school? If so, please list reasons: _____

Is your child currently using any tutoring services? YES NO If yes, for what subject(s) /areas? _____

Is your child enrolled in any after school programs? YES NO If yes, which program(s)? _____

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

What are your child's strengths? What is he/she good at or enjoy? _____

