



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Reach & Rise® 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: \_\_\_\_\_

Does child receive special education services?  Yes  No

### **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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

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

Does your child often miss a lot of school  YES  NO? If yes, 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_