



Mentee Intake and Assessment

CONFIDENTIAL

Youth's Name: _____ Date: _____

Date of Birth: _____ Gender _____ School: _____

Address: _____ Grade: _____

Town: Apt. # Zip: _____ Home Phone: _____

Parents'/Guardians' Name(s): _____

Parent Email: _____ Translator needed: _____

Parents'/Guardians' Place of Employment: _____

Office Phone: _____ Cell Phone: _____

Referral Agent: _____ Phone: _____

Name of Referral Agency: _____

Referral agent Email: _____

Emergency Contact Name: _____

Relationship to Youth _____ Phone _____

Pre-Interview with Referral Agent

A. What are the reasons you are referring this youth to *Ignite Youth Mentoring*?

B. What needs can you identify? Any suggestions on how we can help?

C. What other agencies (i.e.- Child Protective Services, counseling) are involved with this child?

Intake by: _____ For more info, contact **Ignite Youth Mentoring at 948-3143**