



**Big Brothers Big Sisters of
Northeastern Wisconsin**

Attention: Patty O'Rourke
Southern Door Elementary School
2073 County Trunk DK Brussels, WI 54204

CHILD REFERRAL FORM

Child's Name _____ Male ___ Female ___ D.O.B _____

Race _____ Grade _____ Teacher's Name _____

Parent's Name _____ Telephone No. _____

Address _____

The child is being referred for assistance in the following areas:

- School performance Classroom behavior Low self esteem Other: _____

Reason for referral:

In what specific ways do you think a Mentor might help this child?

Your referral will be kept confidential, if that is your preference.

Have you informed the parent/guardian regarding this referral? _____

If yes, who did you inform and in what capacity:

Additional Comments:

_____ Name

_____ Date

_____ School/Organization Name

_____ Telephone Number