



Partners IN Education
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Safe Schools/Healthy Students Initiative Community Based Mentoring Program Referral Process and Application Form

To qualify for the Safe Schools/Healthy Students (SS/HS) Initiative Mentoring Program a youth must:

- Be aged 9 - 15
- Attend either Bellingrath, Capitol Heights, Goodwyn, McIntyre, and Southlawn middle/jr. high schools or Dozier, Harrison, Head or Morningview elementary schools or be a foster child enrolled in an MPS school
- Demonstrate risk in at least 1 of the following areas
 1. Poor School Attendance (5 or more unexcused absences)
 2. Poor Academic Performance (at least one grade retention)
 3. Referral to Juvenile Justice System for Minor Infraction (at least 1 referral)
 4. Out of School Suspension (at least one out of school suspension for level B or C disciplinary code infractions)
 5. Foster Care Placement

Students will not be considered for the SS/HS Initiative Mentoring Program if they do not meet the above criteria and/or:

- Child's parent/guardian is unwilling to sign informed consent form
- Parent is unwilling to comply with program expectations
- Child is unwilling to comply with program expectations
- Child is expected to move within the time period needed to participate in the program (one year)

All referrals must be made to the Partners In Education (PIE) Mentoring Program Director
A referral form (*See Back*) must be completed and submitted to the PIE Mentoring Program Director at **Fax # 334- 240-0915**

Referrals will be screened for appropriateness by the PIE Mentoring Program Director.
Referral data will be maintained by the PIE Mentoring Program Director



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Referred Youth: _____ Referral Date: _____

DOB: ___/___/___ Age: _____ Sex: [] M [] F Race: _____

Grade: _____ School _____

State Student ID # _____

Youth lives with: _____

Street Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Mother: _____ Guardian? [] yes [] no Marital Status: _____

Father: _____ Guardian? [] yes [] no Marital Status: _____

Sibling 1: _____ Age: _____ Sibling 2: _____ Age: _____

Sibling 3: _____ Age: _____ Sibling 4: _____ Age: _____

Others in the home: _____

Referral Person: _____ Phone: _____

Agency _____ Title _____

Reason for referral _____

Demonstrated risk in the following:

- 5 or more unexcused absences
- at least one grade retention
- at least one referral to juvenile court system for minor infraction
- at least 1 out of school suspension for B or C level infraction
- foster care placement

PIE Office Use Only

Disposition of Referral:

Received by PIE On: _____ Screened by: _____

Contact made with Family Date: _____ By: _____

Referral Source Contacted Date: _____ Method: _____

Outcome:

Refused Services Date of Refusal: _____ Person: _____

Reason for Refusal _____

Accepted Services Date of Scheduled Meeting with Parents _____

Waiting List

Name of Mentor Assigned: _____ Date: _____