
Student Referral: APIE Mentor Program 2023 – 2024

Date _____ School _____

Student Name _____ Grade _____

Referral by (circle one)

TEACHER PARENT COUNSELOR OTHER: _____

I am referring the above-named student for the reason(s) checked below:

- ☐ Absences
- ☐ Anxiety
- ☐ Bullying: Being bullied or Bullying others (please circle one or both)
- ☐ Class work/Homework
- ☐ College and Career Readiness
- ☐ Depressed/sad
- ☐ Expand their web of support
- ☐ Family issues/concerns
- ☐ Fighting/arguing
- ☐ Friends/social skills
- ☐ Self-esteem
- ☐ Withdrawn
- ☒ Other, please explain: _____

Additional Information:

This form is for school use, you do not need to share with APIE