



Mentee Referral Form

Name: _____ Age: _____ Date of Birth _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Requested by: _____

Relationship to Client: _____ Phone Number: _____

Why do you feel this client might benefit from the program?

What particular interests, do you know that the client has?

Does the client have any physically or verbally aggressive behavior? If yes, please explain.

What are the client's negative triggers?

How should his/her buddy react when the client becomes frustrated or angry?

Does the client have any medical concerns? If yes, please explain.

Does the client have any known allergies? If yes, please explain.

Does the client have diabetes or special diet? If yes, please explain.

Does the client have seizures? Please describe the client's seizures in detail.

Does the client take any medications? If yes, please list.

Does the client have any physical limitations?

If the client were to participate in activities with his/her buddy is there a budget that should be observed?

What is the procedure for the client to get money for such activities? Who would need to make the request?

What three or four elements of socialization would you like the client to increase by participating in the program?

Additional Comments: