

**NEW INSIGHTS MENTORING PROGRAM**  
*Creating Vision Through Mentoring*

**Mentee Assessment Summary**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Screening Materials	Date Sent to Applicant	Date Item Completed
School/Agency Referral (if applicable)		
Parent Referral Letter (if applicable)		
Written Application		
Contact and Information Release		
Mentee Interest Survey		
Mentee Interview		
Acceptance/Rejection Letter		

**Eligibility Criteria**

Yes	No	Eligibility Criteria
		11–21 years of age
		Resides in Winwood Heights metro area
		Willing to adhere to program policies and procedures
		Able to obtain parent/guardian permission and ongoing support for participation in the program
		Agrees to a one-year commitment
		Commits to eight hours per month
		Agrees to weekly contact with mentor
		Agrees to attend required training sessions
		Completed screening procedure
		Will communicate regularly with program coordinator and discuss monthly meeting and activity information

Does the mentee applicant meet all eligibility criteria? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain any mitigating circumstances.

### General Assessment Areas

Assessment Area	Good	Okay	Needs Help	Poor	Comments
Motivation for being in program					
Academic performance					
General health					
Hygiene habits					
Self-esteem					
Social skills					
Parental support					

Overall comments:

### Recommendation

Recommendation To Approve: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Reasons Why:

### Approval

Approved: Yes: \_\_\_\_\_ No: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_