

BIG BROTHERS BIG SISTERS OF FLATHEAD COUNTY
LUNCH PAIL PALS
SCHOOL REFERRAL FORM

Student's Name _____ Age _____

Gender _____ Race _____

School _____ Teacher's Name _____ Grade _____

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

School performance Classroom behavior Low self-esteem Other

Comments: _____

In what specific ways so you think a Lunch Pail Pal could help this child? _____

Are there any time constraints in scheduling when this child can meet with a mentor?
...For an initial 15 minute interview with BBBS? (If yes, please indicate.) _____

Other Comments: _____

Signature

Date

Position at School-
