

Welcome to the Creative Mentoring® Program

Dear Parent or Guardian:

Your child has been selected to participate in the Creative Mentoring® Program at Newark High School!

Your child has the opportunity to spend a half an hour to an hour a week with a mentor. Many schools use adult mentors, but many schools are also using other older students, like College students. All Creative Mentors are screened and trained. This mentor will come to the school and work with your child, one on one, during his or her regular school day. The goal of a mentor is to give extra guidance and support. Mentoring has been shown to improve grades, self-confidence and relationships with others. These changes will not happen overnight, but over the course of the year, I hope that you will see the impact mentoring will have on your child.

Before your child can begin as a part of this program, you must fill out and return the attached copy of the parent permission form.

Please return this form as soon as possible to:

Patti Tobin
NHS Mentor Coordinator
Student Service West (SSW) in office #3

Please feel free to contact me, Patti Tobin, if you have any questions regarding this wonderful opportunity for your child. I can be reached at (302) 631-4700 ext 14754 or by email at patti.tobin@christina.k12.de.us if you have any further questions or concerns. Thank you for your time and I look forward to getting your student started in the program.

Sincerely,



Mentor Coordinator



Creative Mentoring®

Parent Permission Form

Parents: Please complete this form, sign below and return to your child's school. Your child has been selected to participate in the Creative Mentoring® Program.

Student's Name: _____ School: _____ Grade: _____

Gender: Female _____ Male _____ Student has a 504 plan? _____ Student has an IEP? _____

Student's Race (Circle one): Asian African American Hispanic Native American Caucasian Other

Is this student considered an "English Learner" or English as a Second Language (ESL) student? _____

Please indicate which of the following are the areas that you feel a mentor could help your child

- Self esteem/ Self confidence Overcome shyness Overcome aggressiveness
- Ability to get along with others Sense of trust Ability to pay attention
- School Performance Develop gifts and talents Classroom behavior
- Other _____

Please describe your child's home situation. Please check all that apply.

- Lives with two parents Lives with another family member acting as guardian
- Lives with Mother or Father only Has _____ siblings
- Has a parent who is incarcerated Is in the foster care system
- Eligible for free or reduced lunch Has a parent serving in the military
- Other/Comments _____

Has your child been enrolled in a mentoring program in the past, or is your child currently enrolled in a mentoring program? If so, which program and when?

What are your child's interests and/or talents?

What are five words that you would use to describe your child?

Please share any other information (including medical) you feel would be helpful to your child's mentor.

Your signature below acknowledges that:

- You give permission for your child to be assigned a Creative Mentor.
- You are aware that high school students may be used as mentors.
- You authorize the school to provide information about your child and his/her schoolwork that may be relevant to participation in the program, including grades, attendance and behavior information.
- Students, parents and teachers are asked to participate in surveys throughout the school year.
- You agree to allow Connecting Generations to use your child's photo, voice, likeness or image and first name for research, educational or promotional purposes.
- You are giving your permission for your child to visit with his/her mentor only in school or during school sponsored activities. Social media contact is prohibited.

Parent/Guardian Signature _____ Date _____

Please Print Name: _____

Email address is required: _____

I would like to receive surveys and emails updates about Connecting Generations

*Please feel free to attach an additional sheet if necessary. Mentor may receive a copy of this form