



**Our Mission:** To rally independent community support for the successful education of all Alamance County children

## **MBRACE Tutoring and Mentoring Student Referral Form**

**SCHOOL:** \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Teacher's email \_\_\_\_\_ Teacher's phone \_\_\_\_\_

Student needs tutoring in what subject(s)? \_\_\_\_\_

In what specific ways do you think a tutor or mentor (lunch buddy) can help this child?

Does the child have problems with attendance or tardiness? Yes \_\_\_\_\_ No \_\_\_\_\_

What time does the child have lunch? \_\_\_\_\_

Please identify days/times when it would be acceptable for the child to spend time with his/her tutor.