

**Mentee Profile Sheet**  
**New Dimensions High School**  
**Tel 407-870-9949 Fax 407-870-8976**

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School Email Address: \_\_\_\_\_

Male  Female Ethnicity: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parents/Guardians**

Parent/Guardian phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency phone: \_\_\_\_\_

**Hobbies/Interests**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Career Interests**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Academic Profile

I need help in the following subject:

- Reading  Science  Foreign Language  ESL  Social Studies
- Composition  Math  Physical Education Other: \_\_\_\_\_

Grade Point Average/Recent test scores: \_\_\_\_\_

---

---

Other academic issues (attendance, discipline problems, etc.): \_\_\_\_\_

---

---

## Match Criteria

Times available for meeting with mentor:

Mon AM	Tue AM	Wed AM	Thurs AM	Fri AM
_____	_____	_____	_____	_____
Mon PM	Tue PM	Wed PM	Thurs PM	Fri PM
_____	_____	_____	_____	_____

Desired mentor characteristics: \_\_\_\_\_

---

---

Other obligations (employment, family, religious, etc.): \_\_\_\_\_

---

---

Student's Name:

Today's Date:

**Please check all that apply to you:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Improve general study habits   | <input type="checkbox"/> Improve math skills         | <input type="checkbox"/> Receive transfer information |
| <input type="checkbox"/> Improve note taking skills     | <input type="checkbox"/> Improve vocabulary          | <input type="checkbox"/> Make career decisions        |
| <input type="checkbox"/> Improve time management skills | <input type="checkbox"/> Improve test taking skills  | <input type="checkbox"/> Plan college courses         |
| <input type="checkbox"/> Improve reading comprehension  | <input type="checkbox"/> Improve grade point average | <input type="checkbox"/> Improve spelling             |

**Please check any of the following**

- |  |   |
|--|---|
| <input type="checkbox"/> Out of school too long            | <input type="checkbox"/> My family does not understand school demands |
| <input type="checkbox"/> Afraid of failing in school       | <input type="checkbox"/> Unsure of NDHS procedures                    |
| <input type="checkbox"/> Difficulty finding child care     | <input type="checkbox"/> Difficulty participating in discussions      |
| <input type="checkbox"/> Afraid I might not fit in at NDHS | <input type="checkbox"/> Little or no experience on the Internet      |
| <input type="checkbox"/> Difficulty meeting new people     | <input type="checkbox"/> Difficulty managing money                    |
| <input type="checkbox"/> Panic during tests                | <input type="checkbox"/> Difficulty meeting deadlines                 |
| <input type="checkbox"/> Few computer skills               | <input type="checkbox"/> May need personal counseling                 |

**What obstacle(s) would most likely prevent you from completing your academic goals? (Check all that apply):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Poor study habits              | <input type="checkbox"/> Bad grades                  | <input type="checkbox"/> Family medical problems  |
| <input type="checkbox"/> Lack of money                  | <input type="checkbox"/> Take things too seriously   | <input type="checkbox"/> Separation or divorce    |
| <input type="checkbox"/> Taking the wrong classes       | <input type="checkbox"/> Problems at home            | <input type="checkbox"/> No close friends at NDHS |
| <input type="checkbox"/> Always feeling tired           | <input type="checkbox"/> Trouble sleeping            | <input type="checkbox"/> Easily distracted        |
| <input type="checkbox"/> Recurring health concerns      | <input type="checkbox"/> Afraid to speak up in class | <input type="checkbox"/> Too shy                  |
| <input type="checkbox"/> Alcohol and/or drug problems   | <input type="checkbox"/> Feeling depressed or sad    | <input type="checkbox"/> Always worrying          |
| <input type="checkbox"/> No support from family/friends | <input type="checkbox"/> Dealing with bills          | <input type="checkbox"/> Test anxiety             |

**What other areas will you need assistance with?**

- | <b>FINANCIAL:</b>                            | <b>PERSONAL ISSUES:</b>                      | <b>LIFE:</b>                                 | <b>CAREER:</b>                                  |
|--|--|--|---|
| <input type="checkbox"/> Personal budget     | <input type="checkbox"/> Stress Management   | <input type="checkbox"/> Homeless            | <input type="checkbox"/> Interviewing           |
| <input type="checkbox"/> FAFSA               | <input type="checkbox"/> Substance Abuse     | <input type="checkbox"/> Food                | <input type="checkbox"/> Resume/Cover letter    |
| <input type="checkbox"/> Grants/Scholarships | <input type="checkbox"/> Relationships       | <input type="checkbox"/> Pregnancy/Childcare | <input type="checkbox"/> Job Searching          |
| <input type="checkbox"/> Loans               | <input type="checkbox"/> Anxiety             | <input type="checkbox"/> Suicidal            | <input type="checkbox"/> Leadership development |
|  | <input type="checkbox"/> Depression          |  | <input type="checkbox"/> Goal/Decision Making   |
|  | <input type="checkbox"/> Motivation          |  |   |
|  | <input type="checkbox"/> Exploring Diversity |  |   |

**Describe your feelings about the following subjects in one or two sentences:**

Math: \_\_\_\_\_

Reading: \_\_\_\_\_

Writing: \_\_\_\_\_

Science: \_\_\_\_\_

**List your personal goals and career objectives:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Explain why you selected NDHS to continue your educational endeavors:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Parent Permission Letter

New Dimensions High School  
Mentor Program  
4900 Old Pleasant Hill Road  
Kissimmee, FL 34759

Dear Parent,

Your child has been chosen to participate in the NDHS Mentor Program offered through New Dimensions High School. In the program, your child will be matched with an adult volunteer mentor (or older student volunteer mentor, depending on your program) who will meet with him/her on the school grounds. The volunteer will act as an adult role model and source of friendship and encouragement, especially focusing on academic goals and personal development. The activities between your child and the mentor will be closely monitored and structured by the Mentoring Program Team in charge of the relationship. The school feels that your child will greatly benefit from having another positive role model in his/her life and hopes that the relationship will lead to increased academic performance, self-esteem, and emotional development.

The mentors that have volunteered for our program have been thoroughly screened and investigated by the school. We respect your role as a parent and will provide every opportunity for you to meet with the mentor and be involved in the development of the relationship between the mentor and your child.

As your child goes through the program, his/her teachers will monitor academic performance. All information gathered about the effect of the relationship on your child's school performance is strictly for the purposes of evaluating the program and will be kept confidential.

We feel that these caring adult mentor volunteers will make an excellent contribution to the quality of education in our school. If you would like for your child to participate in the program, talk about it with him/her. If he/she is comfortable with the idea of having a mentor, please grant your permission by signing below. If you would like for one of our Mentor Program staff members to contact you to discuss the program, please call us at #407-870-9949.

Thank you for your time. We hope this program will be of great benefit to everyone involved.

Sincerely,

Dr. Grimm

I give permission for my child, \_\_\_\_\_, to participate in the mentoring program at his/her school. I understand the nature and rules of the school's mentoring efforts and reserve the right to withdraw from the program at any time.

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)