



## Sample About Your Scholar Fact Sheet

Student's name: \_\_\_\_\_

Mentoring time will be at least 30 minutes per week, on-site during or approved after school, and intended to build positive relationships with adults (playing games, journaling, playing sports, having lunch, etc.). Please complete the following information learn more about your mentee. Thank you!

STRENGTHS: (Interests, extra-curricular activities, etc.)

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SPECIAL CLASSROOM RULES OR ACCOMMODATIONS FOR STUDENT:

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WHO IS THE STUDENT'S HOME ROOM TEACHER?

TEACHER \_\_\_\_\_ ROOM # \_\_\_\_\_

BEST TIME TO MEET WITH STUDENT?

Home Room, Time: \_\_\_\_:\_\_\_\_ - \_\_\_\_:\_\_\_\_     Afterschool, Time: \_\_\_\_:\_\_\_\_ - \_\_\_\_:\_\_\_\_

Lunch, Time: \_\_\_\_:\_\_\_\_ - \_\_\_\_:\_\_\_\_     PE, Time: \_\_\_\_:\_\_\_\_ - \_\_\_\_:\_\_\_\_

Before School, Time: \_\_\_\_:\_\_\_\_ - \_\_\_\_:\_\_\_\_     Other: \_\_\_\_:\_\_\_\_ - \_\_\_\_:\_\_\_\_

WHAT OTHER ADULT(S) IS THE STUDENT CONNECTED WITH IN THE SCHOOL?

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ALTERNATE CONTACT IF SITE COORDINATOR IS UNAVAILABLE:

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ADDITIONAL INFO: