



COMMUNITY RESOURCES, INC.

1651 S Dahlia St • Denver, Colorado 80222
720-423-1222
www.communityresourcesinc.org

Academic Mentors Project – Student Nomination Form

Part 1 – to be completed by teacher:

STUDENT'S NAME _____ DOB ____/____/____
SCHOOL _____ GRADE _____
SCHOOL ADDRESS _____
SCHOOL PHONE NUMBER _____ PRINCIPAL _____

PARENT/GUARDIAN #1 _____ PARENT/GUARDIAN #2 _____
ADDRESS *ST.* _____ *ZIP* _____ ADDRESS *ST.* _____ *ZIP* _____
EMAIL _____ EMAIL _____
PHONE (DAY) _____ PHONE (DAY) _____
PHONE (EVENING) _____ PHONE (EVENING) _____
STUDENT EMAIL & PHONE _____

Nomination Data

1. Special Interests

The student has demonstrated an interest and is motivated to learn more about this specific field or career: _____ *Please narrow to a specific interest such as Egyptology or architecture rather than the broader field of science, math, or history.*

2. Student Profile

Please describe briefly this student's academic performance, learning style, ability to relate to adults, and follow-through on projects and assignments:

Is this student mature, motivated, and able to work independently with little supervision?

What would you like for the student to gain from this mentorship experience?

3. Gifted and Talented Designation

Has the student been identified as G/T through the DPS evaluation process? YES NO

If not, is the student in your talent pool? YES NO Area/date identified _____

NOMINATING PERSON _____ TITLE/POSITION _____

DAYS YOU WORK AT STUDENT'S SCHOOL _____

EMAIL _____ PHONE _____

CLASSROOM TEACHER (if nominated by someone else) _____



Part 2 – to be completed by student in ink:

Dear Student:

Congratulations! You have been nominated for the Academic Mentors Project. This program matches selected students with an adult volunteer. The purpose of this match, or mentorship, is to allow you to spend some time with an expert in a field or career in which you are interested.

Page 3 of this nomination asks you some questions that will help identify a mentor who will best serve your interests. Please take some time to consider and respond to each question.

Once your completed nomination form has been submitted to Community Resources, Inc., your parent(s)/guardian(s) will be called for an interview and to discuss the program in more detail. In the meantime, if you have any questions, please feel free to contact the Project Manager, Laura Kent, at 720-423-1222.

As a participant in the Academic Mentors Project, you are required to make the following commitments. Please read carefully, sign, and return with your nomination.

- I understand that mentors have busy schedules and volunteer their time to work with students, so I will always try to meet with my mentor at the scheduled times.
- I realize that my parent(s)/guardian(s) are responsible for transporting me to meet with my mentor unless the meetings are held at my school. I may drive myself if applicable.
- If I am unable to meet with my mentor, I will call as far in advance as possible to let my mentor or the project manager know I will not be meeting. I will reschedule any missed meetings.
- I realize that mentors like to get feedback from students. I will try to let them know about my interests and how I am feeling by asking questions and listening well.
- I will work with my mentor to accomplish a project which demonstrates some aspect of what I learned during the mentorship and will present this project to my classmates upon completion of the program.
- At the end of the mentorship, I will complete the evaluation form and return it to the project manager and write a thank-you note or letter to my mentor.

STUDENT'S SIGNATURE _____

DATE _____ / _____ / _____

Part 3 – to be completed by student in ink:

STUDENT'S NAME _____ DATE ____/____/____

1. In what subject area would you like to work with a mentor?

2. Why are you interested in this field?

3. What activities have you undertaken to explore this interest?

4. What would you like to learn from a mentor?

5. List three questions you would ask a mentor about this area of interest:

1) _____

2) _____

3) _____

Part 4 – to be completed by student in ink:

Please mark the most accurate response to the following statements:

	YES	NO	SOMETIMES
I effectively prioritize tasks.			
I wait until the last minute to finish a project.			
I push myself to learn about things.			
I ask quality questions.			
I can take feedback from others.			
I ask for help when I need it.			
I enjoy feeling challenged.			
I can tolerate structured guidance from others.			
I feel comfortable talking with adults.			
I stay on top of tasks without being nagged by my parent(s)/guardian(s).			
I have good communication skills.			
I can work independently on a computer.			

Parte 5 – el padre, madre, o tutor(a) debe completar esta página:

Estimados Padres y Tutores:

Su estudiante ha sido nominado para participar en el Proyecto de Mentores Académicos. Este programa empareja a los estudiantes con adultos voluntarios para que los estudiantes experimenten una profesión o carrera que les interesa. Los estudiantes van a pasar aproximadamente 6 horas con el mentor, aprendiendo directamente de un experto en su área de interés.

Esta página del formulario de la nominación les informa acerca de las responsabilidades de los padres y tutores para asegurar que la experiencia sea positiva y que tenga éxito para ambos su hijo(a) y el mentor.

Por favor lea esta página cuidadosamente y devuélvala al maestro(a) de su hijo para que se pueda someter la nominación a Community Resources, Inc. Si tiene preguntas, por favor comuníquese con la directora del Proyecto de Mentores Académicos, Laura Kent, al 720-423-1222.

Como padre, madre, o tutor(a) del estudiante nominado para el Proyecto de Mentores Académicos, es importante hacer el compromiso siguiente. Por favor léalo con cuidado, fírmelo, y devuélvelo al maestro(a) de su hijo(a) para que se pueda someter todos los formularios juntos.

- Voy a asegurar que mi hijo(a) esté conciente de todas sus responsabilidades para tener éxito en el Proyecto de Mentores Académico.
- Voy a proveer transporte (ida y vuelta) para mi hijo al acordado lugar de reunión, si no puede manejar mi estudiante.
- Voy a responder a las llamadas del mentor y de Community Resources, Inc. (CRI).
- Voy a notificar al mentor tan pronto como sea posible si mi hijo(a) debe reprogramar una reunión.
- Voy a comunicarme con Laura Kent, directora del Proyecto de Mentores Académico, con preguntas o preocupaciones acerca del programa y la experiencia de mi hijo(a).
- Voy a devolver el formulario de evaluación breve a CRI al fin del tiempo con el mentor, y mi estudiante va a escribir una nota de agradecimiento a su mentor.

NOMBRE DEL ESTUDIANTE _____

ESCUELA _____ GRADO _____

FIRMA DEL PADRE/MADRE/TUTOR(A) _____ FECHA ____/____/____

Me gustaría que me enviara la correspondencia del programa POR CORREO POR CORREO ELECTRÓNICO.

Doy permiso a CRI para utilizar una foto de mi hijo en los materiales de comunicación. Las fotos serán identificados únicamente por el nivel de grado y la escuela. SÍ NO

Otorgo permiso para que mi hijo se comunique por teléfono, correo electrónico, y mensaje de texto con su mentor durante el horario apropiado. SÍ NO