# Yonkers Montessori Academy

**Mentoring Program**

**Teacher/Counselor Recommendation Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is applying to become a student mentor at Yonkers Montessori Academy for the 2016-17 school year. Student mentors should be leaders, which are any students who have the ability to lead, or make a positive impression on, other students. This does not necessarily mean that student leaders are already participants in other school activities such as National Honor Society, band, chorus, drama, athletics or other clubs. Any student who has the desire and is willing to make a commitment to be a positive role model, both in and out of school, for younger students should be considered for a mentoring relationship. Although mentoring does not require any special skills or abilities, it is very important that a student mentor have good attendance. Inconsistent and uncommitted mentors cause more harm than good to the child being mentored.

Characteristics for high school student mentors:

* Caring students who are responsible and have the desire to make a commitment.
* Good communication skills, including listening skills.
* Patience to work with students who may not grasp ideas quickly.
* Positive attitude, enthusiasm, and a willingness to share part of themselves with younger students.
* Students who exhibit good citizenship and moral character, in and out of school.

To become a mentor, the student must complete the full application pack, this teacher/counselor referral form, a parent permission form, and completion of a two-hour training session. A properly completed application packet should be an indication that the student is committed and sincere in his/her desire to become a mentor.

By signing this form, you believe that the student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, exhibits many of these characteristics and will be a committed and consistent student mentor to an elementary school student at Fairview.

Teacher/Counselor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher/Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_