**Mentee Parent/ Guardian Information and Permission Form (Sample)**

Dear Parents/ Guardians,

Your child has been nominated to participate in **<school name/ community group’s>** Teen Mentoring Program. Teen mentoring involves youth providing support, advice, friendship and role modeling to younger youth. Students in grades **<grade(s)>** from **<mentors’ school name>** will be trained and supported to mentor and serve as positive role models to mentees from **<mentees’ school name>** in a structured environment under the supervision and guidance of school staff. The program runs for **<program timeline>** and will take place during **<class time, lunch, after school>**. Mentors commit to spending consistent, weekly time with their mentee participating in games, activities, crafts, conversation and goal-setting.

Teen mentoring has the potential to have a powerful impact on students and supports a positive, safe and inclusive school culture. Mentoring relationships create a system of support and belonging for students. Mentoring programs can have other positive effects on the lives of mentees such as increased self-efficacy; improved social skills and behaviour; positive attitude toward peers and school; strengthened relationships with parents; and exposure to healthy coping mechanisms. Parents and guardians can support the program by talking to their children about their mentoring experiences throughout the year and the things they are learning.

By signing this permission form, you are granting permission for your child to participate in the Teen Mentoring Program for the duration of the school year.

If you have any questions about the peer mentoring program, please contact **<staff name(s)>** at **<contact e-mail and phone number>**.

Sincerely,

 **<Name, Title>**

*Please complete and return to school.*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (name of parent/guardian) (first and last name of student)

to participate in the Teen Mentoring Program at **<school /community agency>**.

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 Date Signature of parent/guardian

**Parent/ Guardian Questionnaire (Sample)**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tell us about your child’s personality, strengths, interests and needs.**

**List any medical issues, conditions or allergies.**

**Describe the type of mentor your child would most benefit from.**

**What types of activities do you think your child would like to do with a mentor?**

**Is there anything you would like to add that will help us serve your child’s needs better?**