

Nourishing Hands Inc.

Parent/Guardian Questionnaire

Dear Parent/Guardian:

You play a very important part in the success of our mentoring program. Please complete the following questions. This information will help us to properly match your child with a mentor. **Only same gender matches are considered.**

**Please Print in Ink**

Name of Student

Name of Parent/Guardian

Place of Employment

Street Address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone

Describe how your child is doing in school

Describe your child’s personality (outgoing, introverted, shy, friendly, confident, stubborn, etc.)

Describe the type of mentor that would best suit your child

Do you have a concern regarding the ethnicity/gender of your child’s mentor?

If yes, please explain

What do you hope your child will gain from having a mentor?

Do you have any concerns about your child having a mentor?

If yes, please explain

Are there any factors that would prevent your child from participating in this program (transportation, babysitting, employment or any other responsibilities)?

Additional comments: