Stand Up Guys Youth Mentor Leaders

Parent/Guardian Intake & Child Assessment Form

This intake form is designed to help Stand Up Guys Youth Mentor Leaders understand the child before weekly progress reports begin. It allows parents/guardians to share the child's background, current challenges, strengths, home situation, behavior patterns, and key concerns so mentors can work toward the root of issues rather than only surface-level behavior. Please answer as honestly and thoroughly as possible.

Confidentiality Note: Information shared on this form should be treated as private and used only for mentoring, safety, and program support purposes, subject to your program policies and any mandatory reporting requirements.

1. Child and Family Information

Child Full Name:		Preferred Name/Nickname:	
Date of Birth:		Age:	
School Name:		Grade:	
Parent/Guardian Name:		Relationship to Child:	
Primary Phone:		Email:	
Home Address:		City/ZIP:	

Who lives in the home with the child?	
Who does the child listen to most or feel closest to?	
Has there been any major change in the child's life recently (loss, move, separation, new school, court issues, etc.)?	

2. General Description of the Child

How would you describe your child in their best moments?	
What are your child's strongest qualities, gifts, talents, or interests?	
What does your child enjoy doing in free time?	
What usually motivates your child? What gets them to respond positively?	
What frustrates your child most? What tends to shut them down or trigger negative behavior?	

3. Home Behavior and Family Dynamics

Describe the main behavior problems you are seeing at home.

When the child gets upset, angry, or overwhelmed, what do they usually do?

How does the child respond to correction, rules, discipline, or being told “no”?

Are there repeated arguments or conflicts at home? If yes, with whom and about what?

What consequences or discipline methods have worked? Which ones have not worked?

Has the child ever run away, stayed away from home, threatened others, harmed property, or become physically aggressive?

4. School, Learning, and Peer Relationships

How is the child doing in school academically?

How is the child doing with attendance, behavior, and authority figures at school?

Does the child have any learning difficulties, IEP/504 plan, attention problems, or special supports?

What kind of friends or peer influences does the child have?

Is the child being bullied, doing the bullying, or getting pulled into peer pressure?

5. Emotional Well-Being, Safety, and Root Causes

Has the child experienced trauma, grief, violence, abuse, neglect, instability, or major stress that may be affecting behavior?

Does the child show signs of sadness, anxiety, fear, anger, depression, withdrawal, or emotional numbness?

What do you think is at the root of your child's struggles right now?

What does the child not openly talk about, but you believe is affecting them?

Are there safety concerns we should know about (self-harm, harming others, gang influence, substance use, risky behavior, exploitat

Has the child ever received counseling, therapy, psychiatric care, or any outside support services?

6. Critical Thinking and Decision-Making

When faced with a problem, does the child usually think first or react first? Please explain.

Can the child accept responsibility when wrong, or do they blame others?

Does the child understand consequences before making choices?

What kind of decisions is the child struggling with most right now?

What are 2–3 real-life situations where you wish your child had made a better choice?

7. Parent Goals for Mentoring

What are the top three things you want this mentoring program to help improve?

What do you want your child to learn about respect, responsibility, and decision-making?

What would success look like for your child after 3 months in the program? After 6 months?

Is there anything your child needs from a mentor that they may not be getting elsewhere?

What would you like the mentor to pay close attention to from the beginning?

8. Additional Information

Anything else you want us to know about your child, your family, or the support you are hoping for?

9. Parent/Guardian Acknowledgment

I certify that the information I provided is true to the best of my knowledge. I understand that this intake form is used to help Stand Up Guys Youth Mentor Leaders better understand my child and support them through mentorship.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____ Mentor/Staff Reviewer: _____

Program Note: This form is a practical intake tool for gathering deeper information before weekly progress reporting begins. For formal mental health screening, child welfare reporting language, or legal compliance in Michigan, consider review by a licensed clinician, attorney, or qualified nonprofit advisor.