

Cornwall College Parents' Self-Referral Form

This form is designed to help parents reflect on current challenges, strengths, and needs. It will also serve as a guide for planning interventions and support between parent and child.

SECTION A: Parent/Guardian Information

Parent/Guardian Name: _____

Age Range:

18-25 26-35 36-45 46+

Gender: Male Female Other: _____

Contact Number: _____

Relationship to Child: Mother Father Guardian Other: _____

Household Members: _____

SECTION B: Child Information

Child's Name: _____

Age: _____

Grade: _____

SECTION C: Reasons for Mentorship

Are you experiencing any concerns with your child ☐ Yes ☐ No

If answer is yes, please indicate your concern (s)

(Please check all that apply and add details where necessary)

Frequent disobedience

Aggressive behavior (verbal/physical)

Withdrawal/isolating self

Poor academic performance

Lying/stealing

Sexual behavior concerns

Screen/social media overuse

Substance use concerns

Other: _____

Please briefly describe the main issue(s) you are experiencing with your child:

.....
.....

Please take a picture of your completed form, or complete it digitally, and email to:
cornwallcollegemti2022@gmail.com

If your answer is no, please indicate the reason for wanting your child to be a part of the Mentorship Program

SECTION D: Parent Reflections

1. What do you think might be contributing to your child’s behavior?

2. How do you usually respond when your child behaves in this way?

3. What strategies have worked well for you as a parent?

SECTION E: Strengths & Supports

What strengths do you see in your child?

What strengths do you see in yourself as a parent?

Who supports you as a parent? (family, friends, church, community, etc.)

SECTION F: Goals for Change

What changes would you like to see in your child?

What changes would you like to see in your relationship with your child?

What kind of support would be most helpful to you? (e.g., counseling, parenting workshops, family therapy, mentoring, academic support, etc.)

SECTION G: Parent Commitment

"I,, hereby commit to partnering with the mentorship program and to providing the necessary support to strengthen my relationship with my child, with the aim of addressing identified challenges and fostering continued development in the areas outlined above."

Signature: _____ Date: _____

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