



Parent Mentor Referral Form

Date: _____

Parent Name: _____

Student Name: _____

Telephone number: _____

School: _____

Contact Person: _____

Counselor: _____

Intervention Specialist: _____

Description/Comments/ Concerns:

Signature of the referring person: _____

Parent Mentor Program – Parent Needs & Concerns Form

As a parent/caregiver, your involvement in your child's learning and school experience are important. This form asks for your opinions/concerns about what do you need to help and support you through the special education process at Canton City Schools. This will help me update my resources and information while allowing me to know the best way I can assist you.

Name: _____ Phone: _____

Student Name: _____ Current Grade: _____

School: _____

Areas of Concern/Questions

504/IEP: What are your questions/ concerns regarding current child's 504/IEP?

Resources: What type of resources (programs, workshops, material, support groups, etc) do you or your child need?

Services: What type of services do you or your child need?

Please provide any other concerns/questions/suggestions below:

Please print and return this form : **Timken Learning Center – Suite 115, 619 Tuscarawas W. ;
Canton, OH 44702**

Thank you, Ohio Parent Mentor @Canton City Schools: 330-588-2145