



Baldwin-Woodville Area School District

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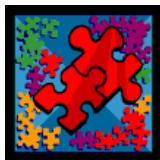
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Mentors Help The Pieces Fit Together

Did You Know?

Students with school based mentors:

- Are 46 % less likely to initiate drug use
- Are 26 % less likely to initiate alcohol use
- Are 33% less likely to hit someone
- Have better relationships with friends & family
- Skip school less often
- Show an increase in GPA
- Are more likely to graduate



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Mentorship Program



Information for Parents

“A mentor is someone who allows you to see the hope inside yourself.”
– Oprah Winfrey

B-W Mentorship Program

What is a MENTORSHIP PROGRAM?

The B-W Mentorship Program provides students with one-on-one attention from a positive adult role model. Mentors can be a friend, a companion, and a safe person for students to have fun with and talk to while at school.

Mentors serve kids, in Kindergarten-12th grade, who need extra support with skills such as making and keeping friends, making responsible choices, interacting with others in a positive way, or who would simply benefit from the companionship of an adult while at school.

WHO are the mentors?

The mentors for this program are adult volunteers who have received orientation and training to be a youth mentor and have successfully passed a background check.

WHAT will they do?

This will depend on the student's likes, interests, and needs. Adult mentors may eat lunch, read, play games, or choose an activity that the student wishes to do.

WHEN & WHERE will they meet?

The mentor and student will always meet on the school premises during school hours. Most mentors meet with students once a week or every other week, depending on the student and mentor's schedule.

What's NEXT?

If you are interested in having a mentor for your child, please complete this form and return it to the counseling office at your child's school.

STUDENT NAME/GRADE:

PARENT NAME:

PHONE NUMBER:

EMAIL:

Why are you referring your child to the mentorship program (what would you like to see change or improve)?

- Making & keeping friends
- Making good choices
- Interacting with others positively
- Other (Please explain specific concerns you have.)

My child has permission to participate in the mentorship program.

PARENT SIGNATURE:

DATE:
