

Henderson Hall EFMP Connections
Mentorship Program
Mentor/Mentee Profile Sheet



Date:

Sponsor's Name:

Rank:

Sponsor prefers to be contacted by (check all that apply):

Cell phone:

Personal Email:

Home phone:

Work Email:

Is your spouse also interested in being a mentor / mentee: yes no

Spouse's Name:

Spouse prefers to be contacted by (check all that apply):

Cell phone:

Personal Email:

Home phone:

Work Email:

Home Address:

Number of children in your family:

Name of Exceptional Family Member(s) and age(s):

Diagnosis (es):

Topics Desired for Mentor/Mentee (check all that apply):

Early Intervention

Autism

Siblings

Special Education

Asperger's

Advocacy

IEP's

ADD/ ADHD

Support Groups

504 Plans

Allergies

PCS-ing

ABA Therapy

Food Sensitivities

PTAD

Speech Therapy

Gluten Free

Continuation on Location

Occupational Therapy

Asthma

Unaccompanied Orders

Physical Therapy

Diabetes

Financial Planning for Special Needs

Down Syndrome

Anxiety

Managing Challenging Behaviors

Tricare

Depression

Other: