



LINCOLN PUBLIC SCHOOLS

5901 O Street • Lincoln, NE 68510
(402) 436-1990 www.lincolnteammates.org

STUDENT NOMINATION FORM

TeamMates Mentoring Program
Lincoln Public Schools

PLEASE PRINT

Date: _____

Student Name: _____ Student ID: _____

School: _____ Grade: _____

Person Making Referral: _____ Title/Position: _____

Why is this student being nominated for TeamMates? (check **ALL** that apply):

- | | |
|--|---|
| <input type="checkbox"/> #1 Academic Potential | <input type="checkbox"/> #5 Personal Issues (please specify): |
| <input type="checkbox"/> #2 Attendance | <input type="checkbox"/> #6 Bully or Bully Victim |
| <input type="checkbox"/> #3 Peer Relationships | <input type="checkbox"/> #7 System Involved Youth |
| <input type="checkbox"/> #4 School Discipline Issues | <input type="checkbox"/> #8 Leadership Potential |

Student's strengths, talents or interests include:

- | | |
|---|---|
| <input type="checkbox"/> #1 Academics Subject _____ | <input type="checkbox"/> #5 Sports |
| <input type="checkbox"/> #2 Art | <input type="checkbox"/> #6 Leadership |
| <input type="checkbox"/> #3 Performing Arts | <input type="checkbox"/> #7 Social Skills |
| <input type="checkbox"/> #4 Music | |

Reasons why this student would benefit from the support of an adult TeamMate:

List below some specific strategies an adult TeamMate might use to assist this student (i.e. talking, reading, listening, activities, etc.):

Additional Comments:

Make a copy for student's RED folder and send Original through school mail to Lincoln TeamMates.

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