



Student: _____

Dear Parent or Guardian,

Your child has been nominated by his/her teacher or counselor for the opportunity to participate in our MENTOR program and have access to a mentor that will work toward fostering a sense of improved self-esteem, self-confidence, and help with motivation toward setting and obtaining goals, both long and short term. Your child's happiness and well-being are so important to us. MENTOR wants to ensure each child knows their incredible value and that their choices make a difference.

A MENTOR Coordinator on your campus will need to, at times, communicate information in the areas of behavior, academics, and pertinent social history information that may be relevant to working with the child. Gathering information from adults on the campus ensures that the mentor has a good understanding of your child and can develop strategies to help or further encourage your child to keep doing their best in specific areas of need.

By signing this participation form, you give Wylie ISD permission to disclose relevant information in the areas of behavior, academics, and social history facts about your child to the mentor. The mentor is also required to sign a confidentiality agreement about the information they receive.

Parent Signature

Date

Student Signature

Date

If you'd like more information about our program, please contact the Family Liaison Specialist, Joley Martin at joley.martin@wylieisd.net or call 972-429-2996.