

NEEDHAM YOUTH & FAMILY SERVICES

◆ 1471 Highland Avenue ◆ Town Hall ◆ Needham MA 02492 ◆

Phone: 781-455-7500 ◆ Fax: 781-453-2522

Web Site: www.needhamma.gov/youth/VIP

VIP PROGRAM

Valuable Interactions among Peers

Little VIP Application for the 2018-2019 Academic Year

Child's Name _____ Male Female Date of Birth _____

Parent/Guardian Name (s) _____

Street Address _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail _____ May we contact you at this e-mail address? Yes No

Where will your child be for Academic Year 2018-2019? School _____ Grade 3rd 4th 5th

Who else lives in your household (i.e. siblings (gender and ages), other family members)? _____

How did you learn about the Program? _____

Is your child available to meet weekly on Tuesday nights from 6:30 to 7:30 pm (Nov-April)? Yes No

Please describe your child's personality? (check all that apply):

____ Quiet ____ Friendly ____ Sensitive ____ Outgoing ____ Talkative ____ Happy

____ Confident ____ Shy ____ Adventurous ____ Inquisitive ____ Excitable ____ Nurturing

What personality would you prefer your Big VIP to have? ____ like your child's? ____ unlike your child's?

Comments:

Does your child receive other support services? Yes No

If yes, please describe your child's experience:

(continue on the back)

Is your child aware of this request for mentoring, and if so, how was this received?

In what areas do you hope your child will benefit from mentoring (check all that apply)?

Home Social/Peers Life Transition (move, loss, divorce, trauma)

Other, please specify:

What else are you hoping your child will gain from participation in this program?

Is there anything else about your child that you feel is important for the program to be aware of?

Please contact **Katy Colthart, LICSW** at Needham Youth & Family Services at 781-455-7500 x264 or email at kcolthart@needhamma.gov with any questions.

Thank You!