

Office of Communications and Family Outreach  
Department of Family and Community Partnerships  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850



## MENTOR REQUEST

Request Number \_\_\_\_\_

**INSTRUCTIONS:** Send this request to the Connection Resource Bank, 850 Hungerford Drive, Suite 50, Rockville, Maryland 20850; telephone 301-279-3100. **The request must be submitted four weeks in advance of the date needed.**

School name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Teacher \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*First Last MI*

Student \_\_\_\_\_  Male  Female  
*First Last MI*

Date needed \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's grade \_\_\_\_\_ Student's phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Describe resource needed \_\_\_\_\_  
\_\_\_\_\_

Anticipated outcome(s) \_\_\_\_\_  
\_\_\_\_\_

Teacher's approval \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
*Signature, Teacher Date*

### TO BE COMPLETED BY CONNECTION RESOURCE BANK STAFF

Confirmed resource name \_\_\_\_\_ ID# \_\_\_\_\_  
*Title First Last*

Confirmed date \_\_\_\_/\_\_\_\_/\_\_\_\_ Confirmed time \_\_\_\_:\_\_\_\_ a.m./p.m. Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_