

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



**MENTOR REQUEST**

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

**INSTRUCTIONS:** Pony this request to the Connection Resource Bank, 451 Hungerford Drive, Suite 508, 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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Last First MI*

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