



Listen to Children Teacher Referral Form

About the Listen to Children (LTC) Program:

- LTC is sponsored by the Mental Health Association which has worked in conjunction with Broward County schools since 1979.
- LTC pairs a caring, non-judgmental adult with each child for 30 minutes at the same time on the same day each week.
- Listener volunteers are trained in areas such as effective listening, communication skills, child development, problem-solving techniques, and cultural diversity awareness.
- LTC seeks to enhance self-esteem and improve communication skills by establishing a caring, supportive relationship between the child and the Listener. (See Listen to Children Information for Teachers for additional information.)

Criteria for Referral:

- Students needing a boost in self-esteem
- Children with poor social skills or who have difficulty making friends
- Students who are shy, withdrawn, or appear sad
- Children who seem anxious, worried, or nervous
- Students experiencing a stressful situation at home i.e. birth of a sibling, transfer to a new school, illness/death of a loved one, separation/divorce of parents
- Children with *occasional* inappropriate or attention-seeking behavior

Please **DO NOT** select children with severe emotional or behavioral problems because Listeners are not professionals.

IMPORTANT NOTE: Listeners do not do academic tutoring or help with schoolwork unless the child requests it. Other mentoring programs provide that type of assistance. **Meetings take place every week. Please do not use as a reward or punishment.**

Complete the form below and return to:

_____ By: _____
School Counselor Date

*If you want your student to participate, you will need to **complete a PRE-SURVEY at the start of program involvement and a POST-SURVEY after a minimum of 12 meetings with the Listener.** This is very important, and MHA appreciates your cooperation!*

LISTEN TO CHILDREN PROGRAM REFERRAL

Note: Student will be removed from your classroom for 30 minutes at the same time each week.

Teacher Name: _____

Grade: _____

Student Name: _____

Student Name: _____

1st Choice: _____
Day Time

1st Choice: _____
Day Time

2nd Choice: _____
Day Time

2nd Choice: _____
Day Time

**** Please do not schedule the children during lunch or specials.**