





**About the Child cont.**

<b>How often does this child demonstrate the following:</b>	<b>Never</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Generally</b>	<b>Always</b>
a. Asks questions to get information	1	2	3	4	5
b. Responds positively to concern, kindness and praise from adult	1	2	3	4	5
c. Makes decisions for him/herself	1	2	3	4	5
d. Will take help when it is offered	1	2	3	4	5
e. Is curious and eager to learn	1	2	3	4	5
f. Listens attentively	1	2	3	4	5
g. Controls temper/anger	1	2	3	4	5
h. Makes transitions smoothly	1	2	3	4	5
i. Is able to develop a friendship	1	2	3	4	5
j. Accepts and responds to instruction	1	2	3	4	5

**Consent to Participate** (to be completed by the County Social Worker):

As the county social worker for \_\_\_\_\_, I authorize his/her participation in Wonder, Inc.'s mentoring program involving ongoing activities with an approved mentor.

- I understand that he/she will be transported by the mentor to and from activities in the mentor's vehicle. \_\_\_\_\_ (please initial)
- I understand that as a condition of the mentor's acceptance into the program, the mentor agrees to provide a vehicle in good working condition with functional seat belts for every passenger. \_\_\_\_\_ (please initial)
- I understand that the mentor must agree to maintain adequate automobile insurance, a valid driver's license and a clean DMV driving record at all times while participating in the program. \_\_\_\_\_ (please initial)
- I understand that photos may be taken by the mentor during some of the activities for the sole purpose of creating a memory photo album which will be given to this child in a closing ceremony. \_\_\_\_\_ (please initial)

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**County Social Worker's Signature**
**Date****Print Name**