

Make A Difference

Mentor a Child

Larson Cub Care

Mentor Interest Questionnaire

Mentor: _____

Have you completed a background check with AISD this year? _____

Available Times:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

What grade level would you prefer to mentor: (circle all that apply)

K 1 2 3 4 5 6

What academic areas would you consider your strength area for tutoring or interest?

Cub Care Committee Contacts

Debbie Thibodeaux
Dianne Watson
Julie MacDonald

