



BIG BROTHERS BIG SISTERS
of Grand Island

Child Pre-Match Information

Date: _____ Little's name: _____

Date put on waiting list: _____ Age: _____

Previously matched: _____ Dates: _____

Situation surrounding closing: _____

Education

School: _____ Grade: _____

Academic performance: _____

Peer relationships: _____

Family Status

Parent/Guardian: _____

Current job: _____

Custodial rights: _____

Age when became divorced: _____

Relationship with absent parent: _____

Visits/Frequency: _____

Any other children in the family: _____

Relationship with siblings: _____

Where do siblings live? _____

Pets: _____

Self-Concept/Personality

Personality: _____

Major problem child is having: _____

Any counseling: _____

Any other placement outside the home: _____

Health in general: _____

Date presented to volunteer: _____

Date volunteer approved: _____

Staff Signature: _____ **Date:** _____