



**Loyola Marymount
University**

**R.O.A.R.
PEER MENTEE INFORMATION**

Information provided in this request will be treated as confidential information. It is important you respond to all the questions as best you can. If you need assistance, please seek help from the DSS staff.

Name _____ Student ID _____

1st Year Student _____

Incoming Transfer Student _____

Transfer Classification: 1st year Sophomore
 Junior Senior

Residing on Campus _____ Residing off Campus _____

Major & College _____

Registered Units: _____

Will you be employed? YES _____ NO _____

Lion Email _____ Personal Email _____

Cell Phone _____ Birthdate _____

What is the nature of the impairments for which you are receiving DSS services? Check all that apply.

_____ Learning Disability

_____ ADD or ADHD

_____ Hearing Impairment

_____ Visual Impairment

_____ Physical Limitation

_____ Psychiatric Disorder

_____ Other (please specify) _____

As a student with a disability, what concerns do you have with attending or transferring to LMU?

What skills do you want to gain or improve as a LMU student?

Why are you interested in a having a R.O.A.R. peer mentor?

What do you hope to gain by participating in the R.O.A.R. Peer Mentoring Program?

Please describe the strengths, qualities, and skills you feel you have.

Other Information

What are your current interests/hobbies?

What LMU clubs/activities do you want to participate in as a student?

What is an interesting fact you would like to share about yourself?

Disclosure Agreement

- 1) I understand the information contained in my profile and application may be shared with my mentor (s). I agree to not disclose or share any information related to my mentor's condition/diagnosis (if applicable) with others, except as necessary with DSS staff for purposes of managing the mentor/mentee relationship.
- 2) I agree to actively communicate with my mentor (s) and with DSS staff.

Signature

Date

Thank you for completing your application. If you have any questions, please contact our office at 310-338-4216.