



111 S. Broad St, Suite 106
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Hello Teachers and Staff,

Big Brothers Big Sisters of Fairfield County is excited to have the opportunity to partner with you this school year in making a difference in the lives of the children in the Lancaster City School District.

I would like to take the opportunity to not only introduce myself, but to also introduce the rest of my team if for some reason I am unavailable.

My name is Billie Suain-McClead and I will be your primary contact. I received my bachelors from Mount Vernon Nazarene University and am currently pursuing my masters in social work from The Ohio State University. I worked 8 years in special education and 5 years in child protective services. I have two children who both attend Lancaster City Schools.

Paul Shoemaker is the program manager and will be your secondary contact. He is also the individual you turn to if you have any issue at all with BBBS. He is originally from Tuscan, Arizona and was a graduate from the University of Arizona. He has many years of experience with children as he's been coaching high school basketball and football for 20+ years.

Payton Ervin is another match support specialist for Big Brothers Big Sisters. She is originally from Jackson, Ohio but currently lives in Athens, Ohio. She is a recent graduate of Ohio University with her bachelors in psychology and is currently pursuing her masters.

Jolyn Pugh is the executive director for Big Brothers Big Sisters of Fairfield County. She has worked in Fairfield county for 17 years serving children and families.

If you have any questions or concerns feel free to call me at the office or just shoot me an email. I'm looking forward to working with you all!

Billie Suain-McClead, LSW
Match Support Specialist
**Big Brothers Big Sisters
of Fairfield County, Inc.**
Phone: 740-475-0401
Fax: 740-687-9277
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School Referral Form

Please provide the following information regarding your student. Use an additional sheet if necessary.

Referred By: _____ Phone #: _____ Date: _____

Reason for referral: _____

Student's Name: _____ Age: _____ Race: _____

Address: _____ Phone: _____

_____ Sex: _____ D.O.B. _____

School: _____ Teacher: _____ Grade: _____

Student lives with: (Circle all that apply) Mother Father Grandparent Family Member Foster Parent Unknown

Guardians Involvement Level: _____ Above Average _____ Average _____ No Involvement

Overall Academic Performance: _____ Above Average _____ Average _____ Below Average

Overall Development Level: _____ Above Average _____ Average _____ Below Average

Learning Style: _____ Visual _____ Auditory

CLASSROOM BEHAVIOR (check all that apply)	Strength	Weakness
Respectful to Teachers		
Follows Rules		
Difficulty working/playing with peers		
Self-control		
Attention Seeker		
Attendance		
Tardiness		
Returns Homework/Assignments		
Daydream / withdrawn		
Other(List):		

SOCIAL BEHAVIOR (check all that apply)

Happy	Unhappy	Shy	Outgoing
Lacks Confidence	Overly Confident	Bully	Object of Bully
Leader	Follower	Anger Issues	Destructive
No Friends	Few Friends	Popular	Manipulative
Poor Family Relationships	Hygiene Issues		

AVAILABILITY FOR MENTORING Please indicate the days and times of availability for mentoring. Each session is generally 45 minutes to 1 hour one time a week.

Classroom Teacher _____ E-Mail Address _____