



Project ChalleNGe

Arizona National Guard
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DUE IN OUR OFFICE THE LAST WEEK OF THE REPORTING MONTH

MONTHLY REPORT

Mentor Name: _____ Student Name: _____ Class: _____

Student Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: () _____

Check Month(s) of Contact:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Type of Contact: Phone [P] Face-to-Face [F] Correspondence [C] E-mail [E] Other [O]
No Response [NR] Unable to Contact [UC]

Date(s) of Contact: [] _____ [] _____ [] _____
[] _____ [] _____ [] _____

Is the Student Working? Yes No If yes: Part-Time Full-Time

Employer: _____ Type or Work: _____

Address: _____ Phone Number: _____

Attending School? Yes No If yes: High School Adult Education College 2 yr 4 yr
 Vo-Tech Job Corps Military _____

School: _____ Part-Time Full-Time

Remarks / Concerns: _____

List Achievements / Goals / Life Plan changes for the Future: _____

Signature: _____ Date: _____