



Mountaineer Challenge Academy

MENTOR MONTHLY REPORT

Cadet's Name _____ Class _____

Mentor's Name _____
Mailing Address _____
Home Phone (____) _____
Work Phone (____) _____

MONTHLY CONTACTS:

Contact 1	Date	____/____/____	Type (Phone, Letter, Face-to-Face)	_____
Contact 2	Date	____/____/____	Type (Phone, Letter, Face-to-Face)	_____
Contact 3	Date	____/____/____	Type (Phone, Letter, Face-to-Face)	_____
Contact 4	Date	____/____/____	Type (Phone, Letter, Face-to-Face)	_____
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Additional	Date	____/____/____	Type (Phone, Letter, Face-to-Face)	_____
Contacts	Date	____/____/____	Type (Phone, Letter, Face-to-Face)	_____

Reasons For Less Than Four (4) Contacts This Month: _____

DESCRIBE GRADUATE ACTIVITIES:

Living Where And With Whom: _____

Employed: Where _____ Hours/Week _____ Start Date ____/____/____
Wage _____ Job Duties _____

Education: High School _____ Vo-Tech _____ 2 Yr College _____ 4 Yr College _____ Job Corps _____ Adult Education _____
Other _____
Name of School _____ Start Date ____/____/____
Days and Hours Attending _____
Course of Study _____

Military: Active Duty _____ Army _____ Navy _____ Air Force _____ Marines _____ Coast Guard _____ National Guard _____ Reserves _____
Enlistment Date ____/____/____ Ship Date For Basic Training ____/____/____

ADDITIONAL IMPORTANT INFORMATION (Positive or Negative) _____

DO YOU HAVE A QUESTION?: _____

Printed Name of Mentor _____ Signature of Mentor _____ Date _____

*****FOR OFFICE USE ONLY*****

Staff Initial and Date