



Mentor Monthly Report

For The Month Of: _____

Mentor's Name:		Cadet's Name:	
Mentor's Address			
Mentor's E-mail			
Mentor's Home Telephone			
Mentor's Cell Number			
Monthly Contact Information concerning Cadet's Employment			
Date:			
Discussion			
Conclusions			
Action items given to Cadet to accomplish this month.	Date Given	Deadline	
Monthly Contact Information concerning School			
Date:			
Discussion			
Conclusions			
Action items given to Cadet to accomplish this month	Date Given	Deadline	
Total Contacts This Month		USE THIS SPACE FOR COMMENTS	
Type of Contact	Total # of Contacts	Comments:	
Face-Face			
Telephone			
E-mail			
Letter			
Other			

Please e-mail this report to: careercounselors@vachallenge.org or mail to Commonwealth Challenge Youth Academy, Attn: Career Counselors, Bldg. 253, C Street, Virginia Beach, VA 23451 Telephone: 757-491-5932, ext. 241 or 250