



Mentor Monthly Report

For The Month Of: _____

Mentor's Name:		Cadet's	
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		
Face-Face			
Telephone			
E-mail			
Letter			
Other			

Please Mail this report to:
 Commonwealth Challenge Career Counselor,
 P.O. Box 539, Virginia Beach, VA 23451