



Mentee Contact

COMPLETE ONE FORM PER MENTEE PER FACE-TO-FACE CONTACT.

Date of visit:	County:				
Mentee's Name:	Location of visit:				
Arrival time:	Departure time:				
Current Semester:	First	Second	Third	Fourth	Graduate
Have you visited this mentee's Class?	Yes	No	If yes, what date?		
# of children present during visit:	# of children enrolled for the month:				

Observation:

Issues discussed:

Future plans and/or goals:

Other (*signed OJT logs, completed semester evaluations, changes in mentee info, provided/loaned resources, etc.*)

Mentor Signature

Printed Name

Date of next visit

Make a copy and send to:
Sherrie Myers, ACDS State Coordinator
611 7th Avenue Suite 208
Huntington, WV 25701

Office Use Only	Date	Initials
Scanned		
Entered		