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| http://geauxguard.com/wp-content/uploads/2010/08/challenge.gifHawaii National Guard Youth Challenge Academy  Monthly Mentor Tracking and Assessment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reporting Period** | | | | | |  | | | | | | | | | | | **to** | | | | | |  | | | | | | | | | | | | | | | | | | \* Report is due **10 DAYS** after the last reporting day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Graduate** | |  | | | | | | | | | | | | | | **Class** | | | | | | |  | | | | **Mentor** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | **Mentor Phone** | | | | | | | | | | |  | | | | | | | | | |
| **Contact(s) per month between Mentor and Graduate?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Where is Graduate living? (Place an “X” where applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **HOME** | | | | |  | | | | | | **FRIENDS** | | | | | | | |  | | | | | **ALONE** | | | | | | | | |  | | | | | **UNKNOWN** | | | | |  | | |  |
| **Address** |  | | | | | | | | | | | | | | | | | | | | | | | | **City** | | | |  | | | | | | | | | | | | | | | **ST** | | | | |  | | | **Zip** | | | | |  | | | | | | | | | | | | **Phone** | | | | |  | | | | | | |
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| **PRAP** \* Please review original PRAP placement options and note any changes during every weekly meeting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **First Option** (Plan A) | | | | | | | | | | |  | | | | | | | | | **Second Option** (Plan B) | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | **Long Term Goal** | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **List any changes to Placement options** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What does the Graduate expect to gain from the changes?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Why did the Graduate make the change?** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is your position on the changes?** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Is Graduate back in school or in higher education?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of School** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **Subject** | | | | | | | | |  | | | | | | | | | | | | | | **Part-time** | | | | | | | | | | | | | | | |  | | | | | **Full-time** | | | | | |  | | |
| **Date Started (MM/DD/YY)** | | | | | | | | | | | | | |  | | | | | | | | **Date Ended (MM/DD/YY)** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **If ended, why?** | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **Is Graduate employed?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Employer** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Duty Title** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Name of Supervisor** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Phone** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Wage/Salary** | | |  | | | | | | | | | | | | **No. of hours per week** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Part-time** | | | | | | | | | | | | | | |  | | | | | | **Full-time** | | | | | |  | | |
| **Date Started (MM/DD/YY)** | | | | | | | | | | | | | |  | | | | | | | **Date Ended (MM/DD/YY)** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | **If ended, why?** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| **Is Graduate in the Military?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Branch of Service** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | **Date of Enlistment** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **Ship Date** | | | | | | | | |  | | | | | | | | | | |
| **Active Duty** | | | | | | | |  | | | | | **National Guard** | | | | | | | | | | |  | | | | | | | | | **Reserves** | | | | | | | | | |  | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | |  | | |  | | |  | |
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| **Date**  (MM/DD/YY) | | | |  | | | | | | | | **Type of Contact**  (Phone, Person, Letter, E-Mail, etc.) | | | | | | | | | | | | | |  | | | | | | **Brief Summary**  (Use additional paper if needed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Mentor/Staff Signature** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Per conversation with** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | |  | | | | | |
| **THANK YOU FOR YOUR SUPPORT!**  Please turn in your monthly report on time. We in turn must report information to Washington for funding purposes. For your convenience, you may send in your report by:  **MAIL FAX E-MAIL PHONE**  Hawaii National Guard (808) 447-3361 Mr. Faulkner (Justin.l.Faulkner@hawaii.gov) (808) 685-7150  Youth Challenge Academy Ms. Fujimoto (Gail.k.Fujimoto@hawaii.gov) (808) 685-7133  PO Box 75348  Kapolei, Hawaii 96707-0348 Attn: Mentor Coordinator Office | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |