|  |
| --- |
| http://geauxguard.com/wp-content/uploads/2010/08/challenge.gifHawaii National Guard Youth Challenge AcademyMonthly Mentor Tracking and Assessment |
| **Reporting Period** |  | **to** |  | \* Report is due **10 DAYS** after the last reporting day |
|  |
| **Graduate** |  | **Class** |  | **Mentor** |  | **Mentor Phone** |  |
| **Contact(s) per month between Mentor and Graduate?** |  |  |
|  |
| **Where is Graduate living? (Place an “X” where applicable)** | **HOME** |  | **FRIENDS** |  | **ALONE** |  | **UNKNOWN** |  |  |
| **Address** |  | **City** |  | **ST** |  | **Zip** |  | **Phone** |  |
|  |
| **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?** |  |
|  |
| **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?** |  |
|  |
| **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?** |  |
|  |
| **Is Graduate in the Military?** |
| **Branch of Service** |  | **Date of Enlistment** |  | **Ship Date** |  |
| **Active Duty** |  | **National Guard** |  | **Reserves** |  |  |  |  |  |  |  |  |
|  |
| **Date**(MM/DD/YY) |  | **Type of Contact**(Phone, Person, Letter, E-Mail, etc.) |  | **Brief Summary**(Use additional paper if needed) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| **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) 685-7150Youth Challenge Academy Ms. Fujimoto (Gail.k.Fujimoto@hawaii.gov) (808) 685-7133PO Box 75348Kapolei, Hawaii 96707-0348Attn: Mentor Coordinator Office |