

CLASS: _____
 GRAD DATE: ___/___/___
 REPORTING PERIOD: _____
 GRADUATE: _____



**Post Residential Department
 (HILO CAMPUS)**
 P.O. Box 5210
 Hilo, Hawaii 96720
 Office: (808) 369-0955
 Fax: (808) 933-1403

**MONTHLY MENTOR
 REPORT**

MENTOR'S NAME: _____ MENTOR's Phone (____) _____

MENTOR SIGNATURE: _____ Date _____

GRADUATE UPDATES	MAILING ADDRESS:	PHYSICAL ADDRESS:	TELEPHONE NUMBER:
	_____	_____	() _____ - _____ Type: _____
	_____	_____	() _____ - _____ Type: _____

(4) CONTACTS	DATE	TYPE	KEY POINTS

Reflect on your training, what do you feel the **trust** level is between yourself and your mentee? (1 to 10; 10 meaning FULL trust is established). Explain.

How are you maintaining the mentor/ mentee relationship when it comes to **communication**?

With regards to the 5 stages of a relationship...what stage are you and your mentee in now? Tell us why you feel this way.

Use this space to note any changes to your mentee's PRAP (Post Residential Action Plan)

PRAP	PLAN A	CURRENT _____	Any Changes? Yes No	If yes, note the change and reason: _____ _____
	PLAN B	CURRENT _____	Any Changes? Yes No	If yes, note the change and reason: _____ _____

Use this area to track your mentee's placement activity. Fill in each applicable section and provide us with a copy of the source **document**. An explanation of the accepted documents is in your training packet.

EDUCATION (ED)	<input type="checkbox"/> Job Corps <input type="checkbox"/> Adult Ed <input type="checkbox"/> College <input type="checkbox"/> High School	Credit Hours: _____	Name of Organization: _____ Phone Number: _____ Advisor/ Counselor: _____	Start Date: _____ End Date: _____ Reason for ending: _____
EMPLOYMENT (EM)	Name of Business: _____ Supervisor: _____ Phone Number: _____	Hours per week: _____	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly Pay Rate: _____	Start Date: _____ End Date: _____ Reason for ending: _____
MILITARY (M)	<input type="checkbox"/> US Army <input type="checkbox"/> USAir Force <input type="checkbox"/> US Marines <input type="checkbox"/> US Navy	<input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard Recruiter: _____	Enlisted: _____ Shipped out: _____ Duty Station: _____	Discharged: _____ Discharge Type/ Reason: _____
VOLUNTEER (APP/INT)	Apprentice/ Internship Supervisor: _____ Phone Number: _____	Hours per week: _____	Terms: _____ _____ _____	Start Date: _____ End Date: _____ Reason for ending: _____
MISC.	<input type="checkbox"/> Care Giver/ Homemaker <input type="checkbox"/> Hospitalized Date(s): _____ Facility: _____ Reason: _____ <input type="checkbox"/> Incarcerated Date(s): _____ Facility: _____ Reason: _____ <input type="checkbox"/> Deceased Date: _____ Where buried: _____ Notes: _____ <input type="checkbox"/> Moved Island/ State Date: _____ Island/State: _____ Notes: _____			

Thank you for continuing to fulfill your **commitment** to your mentee! Use this space to inform us of any questions or concerns you might have concerning your mentoring commitment.

Please turn in your report to the RPM Case Manager no later than 10 days after your reporting period is over.