



# Hawaii National Guard Youth Challenge Academy Monthly 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  
Hawaii National Guard  
Youth Challenge Academy  
PO Box 75348  
Kapolei, Hawaii 96707-0348  
Attn: Case Manager

FAX  
(808) 447-3361

CASE MANAGER  
Mrs. Ruth Osborne [ruth.p.osborne@hawaii.gov](mailto:ruth.p.osborne@hawaii.gov)  
Ms. Siana Siquig [siana.k.siquig@hawaii.gov](mailto:siana.k.siquig@hawaii.gov)

PHONE  
(808) 685-7140  
(808) 685- 7136