



# Hawaii National Guard Youth Challenge Academy Monthly Mentor Tracking and Assessment

Reporting Period \_\_\_\_\_ to \_\_\_\_\_ **\* Report is due on the 15<sup>th</sup> of each month \***

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)

Date (MM/DD/YY)	Type of Contact (Phone, Person, Letter, E-Mail, etc.)	Brief Summary (Use additional paper if needed)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mentor Signature \_\_\_\_\_ 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

**CASE MANAGER**  
Mrs. Ruth Osborne [ruth.p.osborne@hawaii.gov](mailto:ruth.p.osborne@hawaii.gov)  
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