

# Hawaii National Guard Youth Challenge Academy

## MENTOR REPORTS



\* REPORT IS DUE ON THE 5th OF EACH MONTH

1. GRADUATE INFORMATION			
Graduate:	Class:	Reporting Period _____ to _____	
Where is the graduate living?	HOME <input type="checkbox"/>	FRIENDS <input type="checkbox"/>	ALONE <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
Address:	City:	St:	Zip:
Mentor Name:	Mentor Phone:		
2. PRAP / PLACEMENT			
* Please review original PRAP options and note any changes during every month			
Plan A:	Plan B:	Long-term Goal:	
List any changes to Placement Options?			
What does the Graduate expect to gain from the changes?			
EDUCATION		Is Graduate back in school or in higher education? Ask for copy of schedule.	
Name of School:	Subject	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>
If ended, Why?	Date Started:	Date Ended:	
EMPLOYMENT		Get employer name & number so a verification of employment can be made.	
Name of Employer	Duty Title:		
Name of Supervisor:	Phone:		
Wage//Salary:	# Hours per week:	Date Started:	Date Ended:
If ended why?	Full-time <input type="checkbox"/>		Part-time <input type="checkbox"/>
MILITARY		Ask for a copy of their contract.	
Branch of Service:	Date of Enlistment:	Ship Date:	
Active Duty <input type="checkbox"/>	National Guard <input type="checkbox"/>	Reserves <input type="checkbox"/>	
MISCELLANEOUS		Volunteer, Caretaking, Incarcerated, etc.	
Name of Organization:	Date Started:	Date Ended:	
Phone:	# Hours per week:	Notes:	
3. BRIEF SUMMARY			
Type of Contact			How many contacts per month? #
Phone <input type="checkbox"/>	Text <input type="checkbox"/>	Person <input type="checkbox"/> Letter <input type="checkbox"/> E-mail <input type="checkbox"/> Social Media <input type="checkbox"/>	Between Mentor and Graduate

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

Date: \_\_\_\_\_

### CONTACT INFORMATION:

Case Manager:	Sina Hardy	sina.l.hardy@hawaii.gov	808-824-0017
Case Manager:	Ruth Osborne	ruth.p.osborne@hawaii.gov	808-685-7140
Case Manager:	Neomi Sevaetasi	neomi.f.t.sevaetasi@hawaii.gov	808-685-7136

Mail: Hawaii National Guard YCA  
 PO Box 75348  
 Kapolei, Hawaii 96707-0348  
 Attention: Case Manager

THANK YOU FOR YOUR SUPPORT!