



MONTHLY MENTOR ASSESSMENT



Mentor's name: _____ Mentee's name: _____
 Mentor's phone number (if changed): _____ Date: _____

Employment

1. Is your mentee currently working? YES NO
2. If so, where are they employed? _____ Phone # _____
3. Start date? _____
4. How many hours a week do they work and what is their wage? _____

Comments: _____

Education

5. Is your mentee currently attending an educational program? YES NO
6. What is the name of school they are attending? _____ Phone # _____
7. How long have they been attending? _____
8. How many hours a week do they attend? _____
9. What is the major they are studying? _____

Comments: _____

Military Service

10. Has your mentee joined the Armed Forces? YES NO.
What branch? _____
11. Is it Active Duty , National Guard , or Reserves ?
12. Are they currently at basic training or military job training (AIT) ?
13. If they have not left yet, when is their ship date? _____
14. Are they in the process of joining the military? YES NO
recruiter physical ASVAB

Comments: _____

Post Residential Action Plan (PRAP)

15. Did you and your mentee review their life plan (PRAP)? YES NO
 16. Were any changes made? YES NO
- If yes: Please specify and attach separate page with response(s).
- 16A. What specific change/s were made? _____ 16B. Expected outcome/s because of change/s? _____
 16C. Why mentee made change/s? _____ 16D. Mentors position and rationale for change/s? _____

CONTACT INFORMATION

Date of contact: _____ Phone Face-to-Face Letter Social Media
 Estimated contact hours: _____ Other _____

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