

OUTAGAMIE COUNTY MENTORING PROGRAM
MENTORING ACTIVITY LOG
** DUE THE 7TH OF THE MONTH **

Month of : _____

Mentor Name: _____

Social Worker: _____

Youth Initials: _____

DATE	TIME/HRS	QUAL CODE	ACTIVITY CODE/ MENTORS COMMENTS/ YOUTH PROGRESS TOWARDS TREATMENT PLAN *for additional comments use attached sheets

_____ **Yes, I would like a phone call from a mentor coordinator about my match. Phone #** _____ **Best time to call:** _____

Codes:

Activity codes:

rec/soc = recreational/ social (movies, museums, shopping, hanging out)
aca = academic (helping with homework, reviewing notebook, reading)
adv = advocacy (helping with particular problem, visiting class, helping to access services)
car/I.L.S. = career/independent living (helping with summer job, independent living skills etc)
oth = other (please explain)

Quality codes:

E= Excellent
G= Good
F= Fair
P= Poor
N= Nonexistent

*(Log can be found at www.hhsvolunteers.org under "Mentor Resources")