

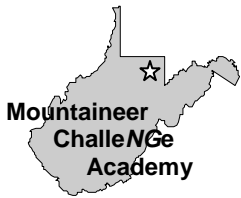


Mountaineer Challenge Academy

MENTOR MONTHLY REPORT GUIDE

1. Completed reports are due no later than the first of each month for the previous calendar month.
2. Monthly Reports cover activities and actions for a 30-day period, beginning and ending on the 1st of each calendar month.
3. When completing the Mentor Monthly Report, please print the information and remember:
 - a. Mark all responses that describe your Cadet’s activities for the month.
 - b. Provide supporting details in the space provided.
 - c. Include address or telephone changes.
4. To submit the Mentor Monthly Report:
 - a. Traditional mail: Mountaineer Challenge Academy
ATTN: Post-Residential Department
Post Office Box 586
Kingwood, WV 26537
 - b. E-mail: Assigned RPM Assistant
 - c. On-line: www.wvchallenge.org
Select “Mentors” link
Select “Mentor Report Online”
Submission Code: mcamentorreport
 - d. FAX: 304-329-2429
 - **Late reports – please call!**
5. Thank you for your time, effort and volunteer spirit.

Additional space for Mentor Monthly Report Notes:



Mountaineer Challenge Academy

MENTOR MONTHLY REPORT

Cadet's Name
If changed: Phone: ()
If changed: Address
Mentor's Name
If changed: Phone (Home): ()
If changed: Phone (Work): ()
If changed: Address

Table with 2 columns: Date, Type / Duration of Contact

Identify changes to PRAP:
Reason for changes to PRAP:
Expected Outcome:
Mentor's position/rationale:
Provide the following information if the Cadet has changed or quit job or school: Last Day of Work/School
Job/School Ended New Job/School Terminated Moved Explanation:

EDUCATION

2-Year College NO CHANGE Name of School:
4-Year College Full-Time Advisor: Phone:
Adult Education Part-Time Course of Study: Enrollment Date:
High School Did Not Pass
Job Corps Graduated Working toward High School Equivalency Test YES NO
NCCC Dropped Out HS Equivalency Test Location: HSE Test Date:
Vo-Tech Identify supporting source documents: (Attach)

EMPLOYMENT

NO CHANGE
Part-Time Job
Full-Time Job
Self-Employed
Information for all places the Cadet is currently employed or volunteering:
Occupation: Business Name:
Supervisor: Phone Number:
Date of Hire: Hourly Pay:
Hours Per Week: Pay: Weekly Monthly
Identify supporting source documents: (Attach)

MILITARY

NO CHANGE
Active Air/Army National Guard
Nat'l Guard US Army
Reserves US Air Force
No Military Svc US Coast Guard
US Marine Corps
US Navy
Enlistment Date (date leaves for training)
Delayed Entry Date (date signed up)
MOS / Training
Duty Station
Identify supporting source documents: (Attach)

MISCELLANEOUS

Moved Out of State
Disabled / Hospitalized
Volunteer Incarcerated
Homemaker Caregiver
Deceased Other
Effective Date(s):
Notes:
Identify supporting source documents: (Attach)

Cadet Signature (if available)

Mentor Signature / Date

*****FOR OFFICE USE ONLY*****