



IDYCA Monthly Mentor Report

The monthly Mentor Report is due by the 15th day of the month, reporting for the previous 15th through 15th period. If you have Internet, it is preferable to use online reporting form: www.idyouthchallenge.com/mentors/mentor-monthly-report

For questions, contact Mentor Coordinator, Dan Drover, at (208) 464-1467.

*** Indicates required field**

* Cadet Name: _____

* Your Name: _____

*Your Email: _____

* Did you have at least 4 hours of contact with your Cadet this past month?: Yes / No

Contact Date 1: _____

Contact Type 1: _____

Contact Date 4: _____

Contact Type 4: _____

Contact Date 2: _____

Contact Type 2: _____

Contact Date 5: _____

Contact Type 5: _____

Contact Date 3: _____

Contact Type 3: _____

*** Additional Information:**

Please advise if you or your Mentee's contact information has changed. Add any other information we may need, including if your Cadet has made changes to his/her Post-Residential Action Plan (P-RAP).

*** Post-Residential Placement Activity:**

Please check all boxes that best describes what your Cadet has been doing during the reporting month. Please enter the dates that he/she enrolled in school, enlisted in a military service/shipped, or began working. Also, include a school/work/recruiter phone number, so we may verify.

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Return to High School | <input type="checkbox"/> Vo-Tech | <input type="checkbox"/> College | <input type="checkbox"/> Part-Time Employment |
| <input type="checkbox"/> Full-Time Employment | <input type="checkbox"/> Job Corp | <input type="checkbox"/> Adult Education | <input type="checkbox"/> Army |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Marines | <input type="checkbox"/> Air Force | <input type="checkbox"/> Coast Guard |
| <input type="checkbox"/> National Guard | <input type="checkbox"/> Care Giver | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Incarcerated |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Hospitalized | <input type="checkbox"/> Moved Out-of-State | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Arrest/Violations | <input type="checkbox"/> Other | <input type="checkbox"/> Unknown | |

* Activity Start Date: _____

* Verification Name & Phone: _____

Thank you for all you do! Please email this report to Dan Drover at ddrover@idyouthchallenge.com