

# Youth Mentoring Program

## Contact Log

(To be completed by Match Team)

Date:	Party Contacted: <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee <input type="checkbox"/> Parent/Guardian		
Name	Method of Contact <input type="checkbox"/> Phone <input type="checkbox"/> Face-to-face <input type="checkbox"/> Email <input type="checkbox"/> Other: _____		Successful contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Note / Assessment of Match Health			
Areas of Concern			
Is follow-up needed: <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, what is the plan for follow-up and the targeted date?			
Program Staff:			

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