

Your Agency Name Here

Youth Mentoring Program

Match Closure Summary (to be filled out by Program Staff)

Date Completed _____

Completed By _____

General Information

Mentee Name		Mentor Name
Match Supervisor Name		
Match Date	Closure Date	Length of Match

Type and Circumstance of Closure

<input type="checkbox"/> Planned	
<input type="checkbox"/> Completed contracted match length <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mentor <input type="checkbox"/> Mentee <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee
<input type="checkbox"/> Extenuating Circumstance	
<input type="checkbox"/> Relocation <input type="checkbox"/> Life Change <input type="checkbox"/> Time/Schedule Conflict <input type="checkbox"/> Family/Personal Health Issues <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mentor <input type="checkbox"/> Mentee <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee
<input type="checkbox"/> Difficult	
<input type="checkbox"/> Violation of Policy <input type="checkbox"/> Behavioral Problems <input type="checkbox"/> Lack of Cooperation with Agency <input type="checkbox"/> Parent/Guardian Withdrew Youth <input type="checkbox"/> Lost Interest <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mentor <input type="checkbox"/> Mentee <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee

Additional Comments

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Recommendations

Mentor Recommend re-match <input type="checkbox"/> Yes <input type="checkbox"/> No Recommend volunteer as _____	Mentee Recommend re-match <input type="checkbox"/> Yes <input type="checkbox"/> No Recommend involvement in _____
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