Youth Mentoring Program

Contact Log

(To be completed by Match Team)

Date:	Party Contacted:	☐ Mentor	☐ Mentee	☐ Parent/	Guardian	ı	
Name					Method o ☐ Phone ☐ Email	f Contact ☐ Face-to-face ☐ Other:	Successful contact? ☐ Yes ☐ No
Contact Note / Assessme	ent of Match Health						>
Areas of Concern							
·	Yes □ No. If Yes, what is	the plan for follow	v-up and the targe	eted date?			
Program Staff:							
					_		
Date	Danta Canta at al. E	1.04	1Mt F	1 D+/C-			
Date: Name	Party Contacted: C	Mentor C	☐ Mentee □	l Parent/Gu	Method o □ Phone	☐ Face-to-face	Successful contact?
		Mentor C	Mentee C	Parent/Gu	Method o		
Name Contact Note / Assessment Areas of Concern	ent of Match Health				Method o □ Phone	☐ Face-to-face	
Name Contact Note / Assessment Areas of Concern					Method o □ Phone	☐ Face-to-face	

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