

Department of Youth Development
Suggested Mentor Annual Record of Contacts
Due by January 15 to Department Chair

Mentor's Name: _____

Mentee's Name: _____

In the chart below, please record all contacts you have had with your assigned mentee that focus on faculty expectations during the current calendar year. These should include, but are not limited to orientation, program development and teaching, feedback on plans of work and reports, and performance feedback. It is not necessary to include all contacts, only those that relate to faculty expectations. Feel free to use additional pages as necessary.

Date of Contact	Topic Discussed	Outcomes	Contact Method
<i>Jan. 20, xxxx</i>	<i>Reviewed plan of work</i>	<i>Suggested revisions</i>	<i>E-mail/phone</i>

Mentor's Signature: _____ **Date Submitted:** _____