

OREGON YOUTH CHALLENGE PROGRAM

23861 Dodds Road, Bend, OR 97701

541-317-9623 – Fax: 541-382-6785

Email, Fax, or mail to your appropriate Casemanager Name: _____

MENTOR MONTHLY REPORT (due by the 20th of the month)

Mentor's Name: _____ Phone # _____
 Email: _____
 Address: _____ City: _____ Zip: _____
 Cadet's Name: _____ Phone # _____
 Email: _____
 Address: _____ City: _____ Zip: _____

Did you have at least 4 hours of Contact: Yes No

Type of Contact

Date:	Phone	Personal	Email	Letter	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Post Residential Placement Activity

Please check all the boxes that best describe what your Cadet has been doing during the reporting month. Please write the dates that he/she enrolled in school, enlisted in military service/shipped, and began working including employer's name and wage amount.

<u>Education</u>	<u>Military Service</u>	<u>Miscellaneous</u>
<input type="checkbox"/> Return to HS	<input type="checkbox"/> Active <input type="checkbox"/> Reserves	<input type="checkbox"/> Care Giver
<input type="checkbox"/> Vo Tech	<input type="checkbox"/> Army	<input type="checkbox"/> Homemaker
<input type="checkbox"/> College	<input type="checkbox"/> Navy	<input type="checkbox"/> Incarcerated
<input type="checkbox"/> Job Corps	<input type="checkbox"/> Marines	<input type="checkbox"/> Disabled/Hospitalized
<input type="checkbox"/> Adult Education	<input type="checkbox"/> Air Force	<input type="checkbox"/> Moved out of State
<input type="checkbox"/>	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Deceased
<input type="checkbox"/>	<input type="checkbox"/> National Guard	<input type="checkbox"/> Arrest/violations
Enroll Date: _____	Enlist Date: _____	<input type="checkbox"/> Unknown
School Name: _____	Ship Date: _____	<input type="checkbox"/>
Counselor: _____	MOS: _____	

Employment/Volunteer

Hire Date: _____ Company: _____ Position: _____ Wage: _____ Part Time Full Time

Supervisor Name and Phone#:

Termination Date: _____ **Reason:** _____

Additional information:

If your cadet has made changes to his or her CAP (Cadet Action Plan), please provide the following information: Specific changes to the CAP; the cadet's expected outcome as a result of the changes; why the cadet made the changes; and the mentor's position and rationale regarding the changes?