



Mentor Monthly Progress Report

Mentor Name: _____ School : _____

Month/Year: _____ Today's Date: _____

Student Full Name	Date/Time	Date/Time	Date/Time	Date/Time

Please place an "X" on topics/activities discussed throughout this month:

Academic Issues___ Anger Management___ Anxiety___ Attitude___ Class Behavior ___ Developing Trust ___ Family___ Peers___

Problem Solving Skills ___ Sadness/Depression ___ Stress ___ Test Anxiety___ Other___

1. Do you feel the time spent with your mentee/mentor was beneficial? Yes ___ No ___
2. Do you feel communication with your assigned student is good? Yes ___ No___

Please comment on any of the above:

Please send form on the last day of every month to MHA
Program Coordinator .Penny Oranburg at POranburg@mhapbc.org
909 Fern Street West Palm Beach, FL 33401
T: 561-832-3755 F: 561-660-8000