



# 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 below:


Please send form on the last day of every month to MHA  
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