***LTI Mentor Monthly Activity Report Form***

***Mentor:*   *Mentee Initials: Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Month:*  *Date Received*** *(office use only)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Int.\_\_\_\_

1. Total number of Zoom Meetings\_\_\_ Tele\_\_\_ Other \_\_\_(Please indicate if Zoom, email, or text) meetings with mentee:

**Date(s) Time (Start/End) Location**

*06/01/15 11am – 12:00pm Dunkin Donuts, Clinic, CBO, etc.* ![C:\Documents and Settings\Arun\Local Settings\Temporary Internet Files\Content.IE5\7KJR9F8J\Check_Mark_and_Box[1].jpg]()Zoom Tele  Other: *email, txt*\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zoom Tele  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zoom Tele  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zoom Tele  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zoom Tele  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zoom Tele  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zoom Tele  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zoom Tele  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zoom Tele  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no meetings were conducted during the month, check here:\_\_\_\_\_ (Please tell us why below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please list goal/s mentee is currently working on:
* Goal #1:
* Goal #2:
* Goal #3:
1. **Mentee comments/concerns** regarding mentee’s self management goals and action plan:
2. **Mentor comments/concerns** regarding mentee’s self-management, goals and action plan, and/or mentor-mentee partnership:

Mail completed form to: Charlene Cooper, CAI, 505 Eighth Ave., 19th floor, New York, NY 10018 OR

e-mail completed form to: *ccooper@caiglobal.org* or *tbanister@caiglobal.org*