

Upward Bound Mentee Contact Report

Student: Last First School: Browerville

Mentor: Last First Date:

Time Start: Time Ended:

I. Subjects discussed Minutes Discussed Subjects discussed Minutes Discussed

- | | |
|---|--|
| <input type="checkbox"/> Personal Counseling | <input type="checkbox"/> Cultural Issues |
| <input type="checkbox"/> Academic Counseling | <input type="checkbox"/> Self Esteem |
| <input type="checkbox"/> Admissions/Financial Aid | <input type="checkbox"/> Family Issues |
| <input type="checkbox"/> Career Planning | <input type="checkbox"/> College Survival Skills |
| <input type="checkbox"/> Goal Setting | <input type="checkbox"/> High School Survival Skills |
| <input type="checkbox"/> Study Skills | <input type="checkbox"/> College Planning/Tours |
| <input type="checkbox"/> Interest Inventory | <input type="checkbox"/> Decision Making |
| <input type="checkbox"/> Test Taking Skills | <input type="checkbox"/> Critical Thinking |
| <input type="checkbox"/> ACT test Prep/Registration | <input type="checkbox"/> Other |
| <input type="checkbox"/> Computer Assistance | |

II. Students successes or difficulties in topics above:

IV. Other topics discussed with student (upcoming events, relationships, highs & lows, etc.)

V. What successes and difficulties are you having with your mentee?