Instructions for Mentoring Contact Documentation Form

All mentors are required to fill out an online Mentoring Contact Documentation Form for each meeting (face to face, email, virtual, or phone) with a mentee as well as each training in which you participate. The form should be filled out each time as soon as you are done with mentoring or training. Please note: This form will only be available for the current month. The form must be filled out by the last day of the month or your mentoring work for the month will become null for payment. This form will be the only one used for any applicable stipends you will receive.

The form is available at:

http://www.cds.hawaii.edu/pacificalliance/mentors/forms/

Below are instructions for each item:

1. Mentor’s full name: Please put your name.
   1a. Mentor’s email address: Please use the email address you use most often.
   1b. Best current contact method: Email, phone, text, other. If different than 1a please add information.

2. Type of Mentoring: Please mark one of the following:
   * Individual: A one-on-one face-to-face, virtual, or phone meeting.
   * Group: Ongoing sessions with 2 or more mentees.
   * Role Model: A one-time session with a mentor or guest speaker.
   * Mentor Training Session: You attended a training session with Pacific Alliance staff.

3. Mentee (full name of individual, individuals, and school): Please fill out name of mentee or group and school affiliation for mentee or group.
4. Date of Contact: Please use monthly calendar. Click on date in calendar and it will automatically be recorded in block below calendar.

5. Type of contact:
   * Face-to-face: An in-person meeting.
   * Phone: A meeting over the phone.
   * Virtual: A meeting using electronic communications, other than the phone. (e.g., e-mail, 3D world, Skype, etc)
   * Other (please specify): Any meeting contact not included in the above.

6. Duration of the Meeting: The amount of time the meeting lasted. For example, 55 minutes or 2 hours 15 minutes. Please be as exact as possible.

7. Purpose of Mentoring:
   * Accommodation: Discussion of some kind of disability-related accommodation.
   * Self-Advocacy: Mentee learning ways to advocate for themselves.
   * Assistive Technology Use: Use of technology related to mentee’s disability.
   * Interest and embedded STEM building: Increased understanding of and interest in STEM related fields.
   * STEM-area role model: Some kind of connection with a STEM-area role model.
   * Mentor training session: You attended a training session with Pacific Alliance staff to develop your skills as a mentor and discuss any challenges or concerns with other mentors.
   * Other (please specify): Any purpose not included in the above.

8. Topics Covered: Specific examples of what was discussed in #7.

9. Outcomes Achieved: For example, mentee deciding on a school project.
10. Decisions newly made (eg. goals set, dates set to meet any goals): For example, arranging transportation to complete a school project; or, obtaining information/applying for a STEM-area internship.

11a. Plans for next meeting: What is the topic of your next meeting? Please fill in a specific topic from the list in #7, if possible.

11b. Plans for next meeting: What is the date of your next meeting? Please fill in a specific date, if possible.

11c. Plans for next meeting: What type of contact will you have for your next meeting?
   *Face-to-face: An in-person meeting.
   *Phone: A meeting over the phone.
   *Virtual: A meeting using electronic communications, other than the phone.
   *Other (please specify): Any meeting contact not included in the above.


13. If you need any resources or assistance to help your mentee, please explain: For example, is there something Pacific Alliance staff may be able to assist you with in your mentoring activities.

MAHALO!