|  |  |  |  |
| --- | --- | --- | --- |
| MENTOR’S NAME | MENTEE’S NAME | DATE | NUMBER OF HOURS MET |
| Did your meeting take place? If not, please explain,  | Was the meeting held in person or virtual? If virtual, please explain why,  | Date and time or next meeting: |

Make copies of this page to use for each mentoring meeting. Twelve completed Yolo County Mentoring Program Meeting Log Worksheets are required to substantiate completion of the program. **The twelve completed Yolo County Mentoring Program Meeting Log Worksheets with the signed Yolo County Mentoring Program Graduation Verification must be submitted to** ***Mentor@yolocounty.org*** **upon completion of the program to meet eligibility for graduation.**

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| --- |
| GOAL/TOPIC(S) DISCUSSED: |
| GOAL THAT DISCUSSION/ACTIVITY RELATED TO: |
| COMPETENCY WORKED ON: |
| OBSERVATIONS/COMMENTS: |
| AGREED UPON FOLLOW-UP ITEMS AND OR ASSIGNMENTS: |