



SITE COORDINATORS

End of Year Program Information

1. Name of Site Coordinator: _____
2. Name/Number of School/Program: _____
3. Address of School/Program: _____
4. Telephone Number: _____
5. E-mail: _____
6. Number of mentor/mentee pairs at end of current program year: _____
7. Number of mentees expected to return the next program year: _____
8. Number of mentors expected to return the next program year: _____
9. Number of new mentors needed for the program: _____
10. Mentoring USA recruits mentors during the summer to begin mentoring in the fall. It is important for us to confirm meeting days/times. Do you anticipate any changes in mentoring session day or time? Y N
11. Do you anticipate changes in Site Coordinator or other staffing related to the mentoring program? Y N
If so, please provide names and contact information.
12. Are there any other agency or school changes that you expect will affect the program next year? If so, please describe?
13. When are you available over the summer to contact for planning purposes?

Please LIST (as of last mentoring session) MENTOR/MENTEE PAIRS:

Mentee: _____ Mentor:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

22.

23.

24.

25.

Attach more pages if needed.