

MONTH: _____

Miss Ruby's Kids
Education Mentor Session Records

Student's Name: _____

Student's ID #: _____

Mentor's Name: _____

Mentor's ID#: _____

School: _____

Grade: _____

Teacher: _____

PREP TIME (without mentee)

Date	Start Time-End Time	Description of Activities (phone calls, meetings, trainings, activity prep./store/library)

DIRECT SERVICE (with mentee)

Date	Start Time-End Time	Description of Activities (briefly describe session with the mentee)

I would like to speak with someone about my mentee. YES NO

OFFICE USE ONLY:
Total Prep Time: _____ Total Direct Service Time: _____