

YOUTH MENTOR CONTACT ASSESSMENT

YOUTH: _____ Client ID#: _____

Youth Stage: _____ CUSTODY LEVEL: _____

MENTOR: _____ DORMITORY: _____

DATE: _____

Interactions with Youth (Please check each that apply)

Date of Contact: _____ Time Started: _____ Time Ended: _____

_____ Met with Youth at least once a week for approximately fifteen minutes

_____ Talked with counselor about Youth's progress

_____ Assist Youth with preparation for stage advancement

_____ Attended Youth's reviews

_____ Assist the Youth with maintaining focus on the responsibilities and expectations he must demonstrate on each stage, and what is needed to progress on the next stage.

_____ Support the Youth as they progress through the stages

_____ Interact with the Youth should they require special help with the LAMOD Process.

_____ Assist Youth with petition for the next stage.

Other comments/assessments:

Mentor's Signature: _____ Date: _____

Youth's Signature: _____ Date: _____