



ACADEMIC MENTORING MINISTRY

TUTOR SESSION MEETING LOG

Completed by Mentor

Student's Name: _____ Tel. #: _____

Grade: _____ School Name: _____

Progress Grade: _____ Report Grade: _____

Parent's Name: _____ Contact #: _____

Mentor's Name: _____ Month: _____

Date:	Start Time:	Subject:	Comments/Suggestions/Feedback
Location:	End Time:	Textbook Name:	
Prayer: Y/N	Assignment due next meeting:		
Date:	Start Time:	Subject:	Comments/Suggestions/Feedback
Location:	End Time:	Textbook Name:	
Prayer: Y/N	Assignment due next meeting:		
Date:	Start Time:	Subject:	Comments/Suggestions/Feedback
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Location:	End Time:	Textbook Name:	
Prayer: Y/N	Assignment due next meeting:		
Date:	Start Time:	Subject:	Comments/Suggestions/Feedback
Location:	End Time:	Textbook Name:	
Prayer: Y/N	Assignment due next meeting:		

Mentors Evaluation/Comment at the end of 5th session:

Will tutoring continue? Yes No If yes, date to resume: _____

Parent conference date? _____ Parent Comment: _____

Parent Signature: _____ **Date:** _____

Mentor Signature: _____ **Date:** _____

Academic Mentoring Ministry Leader:

Name: _____ Position: P VP S

Comment: _____

Leader's Signature: _____ **Date:** _____

FORWARD COMPLETED FORM TO ACADEMIC MENTORING PRESIDENT