

MONTHLY MENTOR LOG

Mentor: _____ **Location/School:** _____

Novice: _____ **Location/School:** _____

In order to document the collaborative mentoring process with your novice, you are asked to complete this mentor log each month. Please have your principal or supervisor review and sign it below.



Please forward a copy each month to the Human Resources Department.

Week 1: Week of _____

DATE	ACTIVITY	MENTOR SIGNATURE	NOVICE SIGNATURE

Week 2: Week of _____

DATE	ACTIVITY	MENTOR SIGNATURE	NOVICE SIGNATURE

Week 3: Week of _____

DATE	ACTIVITY	MENTOR SIGNATURE	NOVICE SIGNATURE

Week 4: Week of _____

DATE	ACTIVITY	MENTOR SIGNATURE	NOVICE SIGNATURE

Principal Signature: _____ **Date:** _____