

**CENTER FOR INCLUSIVE EDUCATION
 COMMUNITY OF STUDENT MENTORS PROGRAM
 MENTOR LOG SHEET**

MENTOR'S NAME

MENTEE'S NAME

PLEASE USE THE FOLLOWING TABLE TO TELL US ABOUT YOUR MEETINGS WITH YOUR MENTEE:
 (CHECK ALL THAT APPLY)

DATE	DURATION OF MEETING	IN-PERSON MEETING	E-MAIL MEETING	TELEPHONE MEETING

PLEASE GIVE US A BRIEF UPDATE ON HOW YOUR RELATIONSHIP IS PROGRESSING WITH YOUR MENTEE:

PLEASE GIVE US A BRIEF UPDATE ON HOW YOUR MENTEE IS DOING:

IS THERE ANYTHING YOU FEEL REQUIRES INTERVENTION OR NOTIFICATION OF THE CIE?

YES NO

IF YES, DISCUSS BELOW:

WHERE YOU ABLE TO MEET WITH YOUR MENTEE FOR THE MINIMUM AMOUNT OF TIME REQUIRED BY THE PROGRAM?

IF NO, EXPLAIN WHY:

IF YOU HAVE ANY QUESTIONS REGARDING CSM PLEASE CONTACT:

TONI VICARI
 CENTER FOR INCLUSIVE EDUCATION
 MELVILLE LIBRARY, E1340
 STONY BROOK UNIVERSITY
 STONY BROOK, NY 11794-3387
 OFFICE: (631) 632-9560 FAX: (631) 632-1837
 TONI.VICARI@STONYBROOK.EDU

MONTHLY CONTACT LOG IS DUE 48 HOURS AFTER YOUR LUNCHEON MEETING WITH YOUR MENTEE!