

# SELF-SCHEDULED and VIRTUAL LEARNING MENTOR CONTACT LOG FORM

District: \_\_\_\_\_

School Year: \_\_\_\_\_

Bldg/  
Program: \_\_\_\_\_

Count:  October  February

**INSTRUCTIONS:** Complete the report below for each pupil in grades K-12 receiving a self-scheduled and/or virtual course. **There must be two-way contact between student and teacher of record or mentor at least once per week for each of the four (4) week count period. The interactions must be course content specific.** Documentation of this weekly contact must be available at the audit.

Pupil's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Mentor: \_\_\_\_\_  
\_\_\_\_\_

DATE	Contact Type (Check Box)				Comments:	Count Weeks for Mentor Two-Way Interactions with Student <b>Count Week = Wednesday through Tuesday</b>	
	E=e-mail (with reply)	P=phone conversation	F=face to face	O=other		Week 1: W Oct 5 - T Oct 11 Week 2: W Oct 12 - T Oct 18 Week 3: W Oct 19 - T Oct 25 Week 4: W Oct 26 - T Nov 1	W Feb 8 - T Feb 14 W Feb 15 - T Feb 21 W Feb 22 - T Feb 28 W Mar 1 - T Mar 7

I certify that the mentor is employed by the district.

\_\_\_\_\_  
Signature of Mentor

\_\_\_\_\_  
Date