

Mentoring Communication Log

Student Name: _____

Capstone Coordinator/Advisor: _____

Mentor Name: _____

Use this form to keep a record of your meetings with the student. This will serve as documentation of the time spent in consultation on the Service Learning Capstone. Please note and initial any time spent with your Advisee in any aspect of the written or physical project, including travel time, phone, and other correspondence.

If you have questions regarding this form, please call the high school at _____ and ask for the student’s Capstone Coordinator/Advisor (indicated above).

DATE	TOTAL HOURS	DESCRIPTION OF ACTIVITIES

Mentor Signature

Date