

# 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 2 - T Oct 8 Week 2: W Oct 9 - T Oct 15 Week 3: W Oct 16 - T Oct 22 Week 4: W Oct 23 - T Oct 29	W Feb 12 - T Feb 18 W Feb 19 - T Feb 25 W Feb 26 - T Mar 4 W Mar 5 - T Mar 11

I certify that the mentor is employed by the district.

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

\_\_\_\_\_  
Date