

MENTEE INFORMATION

Name: _____ Date: _____ Session No. _____
Telephone: _____ Total Session Mentoring Time: _____

AGENDA

- | | |
|---|---|
| <input type="checkbox"/> LIFE SKILLS | <input type="checkbox"/> EFFECTIVE INTER/INTRA PERSONAL SKILLS |
| <input type="checkbox"/> COMMUNICATION SKILLS | <input type="checkbox"/> EFFECTIVE PROBLEM SOLVING |
| <input type="checkbox"/> ACCEPTING CONSTRUCTIVE CRITICISM | <input type="checkbox"/> COPING WITH ANXIETY AND STRESS |
| <input type="checkbox"/> DECISION MAKING | <input type="checkbox"/> SETTING LONG TERM AND SHORT TERM GOALS |

SPECIFIC ISSUES: SUCCESSES/OBSTACLES

Last week: I succeeded with..... had these obstacles....., will take these new steps this week to succeed... (fill in below)

MENTOR PRAYER OPPORTUNITY IF CLIENT AGREES

MENTOR INFORMATION

Name: _____ Date: _____
Telephone: _____ Email: _____

Next Scheduled Appointment: (Date, Time, Location) _____

DISTRIBUTION INSTRUCTIONS

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