



CONFIDENTIAL CONTACT REPORT FORM

This form should be submitted to the KFCP office to document mentee contacts, and its contents should be treated as confidential. Thank you.

MENTEE NAME _____

DATE OF CONTACT ___/___/___ TYPE OF CONTACT ___ visit ___ phone call

CERTIFIED PARTNER (CP) NAME _____

TIME SPENT WITH MENTEE ___ hours ___ minutes

CONTACT SUMMARY

ISSUES RAISED DURING CONTACT

PLAN FOR MENTEE

WAS CONTACT WORTHWHILE? ___ yes ___ no

RATE QUALITY OF VISIT: ___ excellent ___ good ___ fair ___ poor

OTHER COMMENTS OR CONCERNS:

NEXT / PLANNED CONTACT DATE ___/___/___

TYPE OF CONTACT PLANNED ___ visit ___ phone call

Certified Partner Name: _____