 **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: