Monthly Mentor/Protégé Log
School Year 2015-2016

(50 logged hours need to be completed by the Second Year of Mentorship)

Mentor:_____ School:_____

Protégé:_____ Position:_____

After all hours are completed, please fill in this box:

Total number of hours completed: _____ (**Must be minimum of 50**)

Mentor signature: _____ Date: _____

Protégé signature: _____ Date: _____

****THIS FORM IS DUE TO JULIE SHINE IN CENTRAL OFFICE NO LATER THAN MAY 27, 2016. Thanks!****

Date	Length of meeting		*Type of meeting	Location	Comments
	hrs	mins			

*Types of Meetings:

1- Phone Call/E-mail
2- Private Meeting
3- Support Team Meeting
4- Observation by mentor
5- Observation by protégé
6- Pre-observation
7- Post observation
8- Other

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Upon receiving completed 50 hours of mentoring log; MA DESE Verification of School Based Employment/Induction and Mentoring Form will be issued