



Mentor Monthly Post-Residential Report

This report must be submitted prior to the end of each the month by;

Mail

AMYA RPM, PO Box 5727, JBER, AK 99505

Fax

907-384-6023

E-mail

postres@alaska.gov

Cadet's Name: _____ Class#: _____ Platoon #: _____

Is Cadet Attending School? Yes No Where: _____

School Name: _____ Hours/week: _____

Has Cadet received his/her diploma or GED: Yes No

If so, when: _____ Where: _____

Is Cadet working? Yes No Where: _____

Start Date: _____ Wage: _____ Hours/ week: _____

Supervisors Name: _____ Phone: _____

Is Cadet Volunteering/Caregiving/Subsistence or other productive activity? Yes No

Productive Activity: _____ Contact Information (if applicable) _____

Hours/week: _____

Did you have four hours of contact -or- four contacts per month? Yes No

Dates Cadet called you: _____

Dates of visits: _____

Dates you called Cadet: _____

Dates of letter/emails/texts: _____

Brief Summary of the Cadet's Status (please include changes in address/phone/contact information):

Have you and your Cadet reviewed the Life Plan or P-Rap this month? Yes No

Are there any changes made in the Cadet's Life Plan/P-RAP? _____

Please include any changes in your contact information: _____

Mentor's Signature: _____ Date _____

Printed Name: _____ Phone: _____

Thank you for your help in recording the progress of your Cadet during the post-residential phase of the program. The information you provide on this report is reported to the National Guard Bureau in Washington DC. The future of the Challenge Program depends on the success of our graduates.