

DELTA WORKFORCE INVESTMENT AREA
IN SCHOOL SELECT YOUTH PROGRAMS

PARTICIPANT MONTHLY CONTACT REPORT

AFTER THE DAILY ACTIVITIES HAVE ENDED, MONTHLY CONTACT MUST BE MADE FOR ALL SELECT PARTICIPANTS. THIS FORM IS TO BE COMPLETED MONTHLY FOR EACH PARTICIPANT.

THE FORM COMPLETER SHOULD NOTE ACADEMIC PROGRESS, COUNSELING, SUPPORTIVE SERVICES, AND DROP OUT PREVENTION MEASURES. CORRECTIVE ACTION (TUTORING, MENTORING, ETC.) SHOULD BE NOTED AND TAKEN FOR ANY DEFICIENCIES THAT ARISE.

TELEPHONE NUMBER: _____

PARTICIPANT'S NAME: _____

INTAKE DATE: _____ SCHOOL: _____

DATE OF CONTACT: _____ COUNTY: _____

PERSONAL CONTACT: Yes No PHONE CONTACT: Yes No

COMMENTS: _____

Academic Progress: _____

Counseling: _____

Supportive Services: _____

Mentoring: _____

Tutoring: _____

Activities: _____

Work Experience: _____

Plans upon Graduation: _____

Issues/Concerns/Comments: _____

DWIA STAFF MEMBER SIGNATURE