

**THE MENTORING NETWORK, INC.
ACTIVITY LOG**

Mentor: _____ **Student:** _____

School: _____ **Dates:** _____

DATE	AMOUNT OF TIME SPENT	DATE	AMOUNT OF TIME SPENT

**** MENTORS:** Each visit please document the amount of time you spend with your student. **Please report hours** on The Mentoring Network website each semester (www.MentoringNetworkID.org). Tracking these hours is essential for sustaining our program. **THANK YOU SO MUCH!!!**