

Mentee Report

Note: Mentors are family caregivers who have a loved one with mental illness or they can be persons with lived experience (peers) who are in recovery. Mentees are also family caregivers, or they can be persons with lived experience who want a mentor.

Date: _____

Mentee's Name _____

Please check only one: Family caregiver or Peer

Mentor's Name: _____

Dates of Mentor/Mentee Commitment: _____ to _____

Still ongoing? Y N

How's it going? _____

Please describe positive outcomes.

Please describe any roadblocks encountered.

We welcome your comments or suggestions about the Mentoring Program.

For use by NAMI Franklin County

Date received _____ Staff _____