



Mentor/Mentee Quarterly 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: _____

Mentor's Names _____

Please check only one: Family caregiver or Peer

Mentee's Name _____

Dates of Mentor/Mentee or Peer Commitment: _____ to _____

Still ongoing? Y N

How's it going?

Please describe positive outcomes.

Please describe any roadblocks you encountered.



We welcome your comments or suggestions about the Mentoring Program.

<p>For use by NAMI Franklin County</p> <p>Date received _____ Staff _____</p>
