

UJIMA PEER MENTOR VISITATION FORM

Due Date _____

Each Ujima Peer Mentor is expected to complete this form after visiting with each of his/her assigned Mentee(s) and return it on the due date to the OBSA office.

Mentor Name _____ **Telephone Number** _____

Email _____

MENTEE 1 _____ Phone # _____ Date of Visit _____

Place of visit: Res. Hall OBSA Library Class Other

Type of Visit: Individual Group Other

Concern(s) Reported: Academic Financial Personal

Academic/Personal Achievements: _____

MENTEE 2 _____ Phone # _____ Date of Visit _____

Place of visit: Res. Hall OBSA Library Class Other

Type of Visit: Individual Group Other

Concern(s) Reported: Academic Financial Personal

Academic/Personal Achievements: _____

MENTEE 3 _____ Phone # _____ Date of Visit _____

Place of visit: Res. Hall OBSA Library Class Other

Type of Visit: Individual Group Other

Concern(s) Reported: Academic Financial Personal

Academic/Personal Achievements: _____

If you recommended to your Mentee(s) use of any of the following resources, please indicate it below by placing a 1,2, or 3 beside each item to indicate which Mentee was referred. Please give staff name if appropriate:

Academic Advisor Class Instructor Financial Aid Office

Counseling Center Tutorials/Help Sessions IDBS Faculty

Student Health Services Office of the Chaplains International Place

OBSA Staff Women's Center Other _____