



Ida Public Schools
3145 Prairie Street
Ida, MI 48140

MENTOR LOG

1ST SEMESTER OR 2ND SEMESTER

Mentor: _____

Mentee: _____

DATE OF CONTACT	TYPE OF CONTACT	TOPICS DISCUSSED IN CONTACT	TIME SPENT	MENTOR INITIALS	MENTEE INITIALS

Building Principal/Superintendent Signature

Mentor Signature

Mentee Signature

Send form to Curriculum Coordinator once completed and signed by all parties.

For questions, please contact Sarah Ash at ash@idaschools.org or 734.269.9003 x2510.