

**POST-RESIDENTIAL REPORTING FORM**

If you have internet, use online reporting: <http://www.texaschallengeacademy.com> in the Mentor section. If you experience difficulty with the online reporting tool, either use this form or send an email with the information this form requires to your Cadet's Case Manager. You may mail, email, or fax a copy to us at (432)-836-4649 or your Cadet's Case Manager. Contact number: (432) 836-1528.

**Texas Challenge Academy Monthly Report (PLEASE PRINT)**

Mentor's Name _____ Mentor's Phone _____ Mentee Name _____ Mentee Phone _____ Mentee Address (if changed) _____ _____ _____	Date of contact _____ Phone _____ Face to Face _____ Other _____ Type/Time Specify (i.e. Basketball, 1 hr) _____ _____ _____ _____ _____ _____ _____
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**Have you had at least 4hrs of contact during the current Post-Res Month?**

**Post Residential Placement.**

Please **X** in each of the four categories that best describe what your Cadet is doing **this month and provide details.**

Misc. Info.	Education	Employment	Military Branch
<input type="checkbox"/> Married  <input type="checkbox"/> Moved out of State  <b>Where?</b> _____  <input type="checkbox"/> Living in State <input type="checkbox"/> Disabled/Hospitalized <input type="checkbox"/> Law Violations <input type="checkbox"/> Incarcerated  <input type="checkbox"/> Deceased  <input type="checkbox"/> Unknown	<input type="checkbox"/> High School <b>Name of HS:</b> _____  <b>Weekly hrs attending?</b> _____ <b>Anticipated Graduation Date:</b> _____  <b>Is working towards a GED- Y / N</b>  <input type="checkbox"/> College <input type="checkbox"/> 2 Year <input type="checkbox"/> 4 Year <b>Name College:</b> _____  <input type="checkbox"/> Adult Ed <b>Location:</b> _____  <input type="checkbox"/> Job Corps <b>Location:</b> _____  <input type="checkbox"/> Vo Tech <b>Location:</b> _____  <input type="checkbox"/> Not Continuing Education	<input type="checkbox"/> PT Job <b>Employer:</b> _____  <b>Supervisor:</b> _____ <b>Business Phone:</b> _____  <b>Hrs per week:</b> _____ <b>Wage:</b> _____ <b>Date of Hire:</b> _____  <input type="checkbox"/> FT Job <b>Employer:</b> _____  <b>Supervisor:</b> _____ <b>Business Phone:</b> _____  <b>Hrs per week:</b> _____ <b>Wage:</b> _____ <b>Date of Hire:</b> _____  <input type="checkbox"/> Volunteer <b>Where?</b> _____ <b>Start Date:</b> _____ <input type="checkbox"/> Apprenticeship <b>Where?</b> _____  <b>Start Date:</b> _____  <input type="checkbox"/> Caregiver <input type="checkbox"/> Homemaker  <input type="checkbox"/> Self-employed <input type="checkbox"/> Not Employed	Active <input type="checkbox"/> US Army <input type="checkbox"/>  National Guard <input type="checkbox"/> US Navy <input type="checkbox"/>  US Air Force <input type="checkbox"/> Reserves <input type="checkbox"/>  AGR Corps <input type="checkbox"/> Marine Corps <input type="checkbox"/>  US Coast Guard <input type="checkbox"/>  <b><u>Name and phone number of Recruiter:</u></b>  <b><u>Enlistment Date (date CADET leaves for training):</u></b>  <b><u>Delayed Entry Date (date CADET signed the contract):</u></b>  <input type="checkbox"/> No Military Service
<p style="color: red;"><b>Have there been any changes to their PRAP Goals pertaining to Education?</b></p> _____ _____ _____ _____ _____		<p style="color: red;"><b>If your mentee has changed/quit a job since you last reported, please check the reason:</b></p> <input type="checkbox"/> Job Ended <input type="checkbox"/> Moved <input type="checkbox"/> New Job <input type="checkbox"/> Fired <input type="checkbox"/> Career Change <input type="checkbox"/> Other _____ and last day of work was: _____	<p style="color: red;"><b>Have there been any changes to their PRAP Goals pertaining to Employment, Volunteer, or Military Service?</b></p> _____ _____ _____ _____ _____

Mentor's Signature: _____	Date: _____	Is the Mentee Following their PRAP Goals? Y / N _____
Mentee's Signature: _____	Date: _____	