



HONORS MENTORSHIP
Forsyth County Schools

Documentation of Mentorship Hours

Student: _____

School: _____

Week of: _____

| Day (Time In/Time out) | Summary of experiences at your mentorship today: | Total Amount of time spent |
|------------------------------------|---|----------------------------------|
| Monday (____/____) | | |
| Tuesday (____/____) | | |
| Wednesday (____/____) | | |
| Thursday (____/____) | | |
| Friday (____/____) | | |
| Saturday/ Sunday (____/____) | | |

Mentor's Signature _____ **Total Hours:** _____