

**Family Pathfinders of Tarrant County, Inc.  
Mentoring Program Monthly Summary  
October 2010 – September 2011**

Report for:  Month Year
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Information Requested	Current Month	YTD Unduplicated Cumulative	Contracted Goal	Actual Performance	Status (Check One)		
					Failing	Meeting	Exceeding
1. Total families enrolled in the program							
2. Number of Individuals Served (includes children)							
3. Number of families matched with a volunteer team							
4. Number of Families Currently on Waiting List							
5. Number of participants enrolled for 3+ months							
6. Number of participants enrolled for 3+ months who are employed							
7. Number of new enrollments this month							
8. Clients who have retained employment 3+ months							

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Family Pathfinders of Tarrant County, Inc.  
Mentoring Program Monthly Client Detail**

October 2010 – September 2011

Month Year

	Name (Last, First)	SSN	Date of Birth	Career Consultant	Enroll Date	Close Date	Vol. Team or Wait List	# kids	Employed?		#Months Retained
									FT	PT	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											



## Family Pathfinders of Tarrant County Mentoring Program

### Monthly Program Description Month Year

1. Please explain any discrepancies among Contracted Goals, Actual Performance and Status.
2. Describe any problems you are encountering.
3. Program narrative.
4. Provide at least one success story, accomplishment, improvement or achievement.
5. Give brief details of communication, activities, and/or meetings with your assigned WNI Center Manager Liaison.