

Please select the choice that best represents the mentee's most recent grades for the reporting period.

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Better |
| <input type="checkbox"/> | No Answer |

2. Grades

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Better |
| <input type="checkbox"/> | Worse |
| <input type="checkbox"/> | No Change |
| <input type="checkbox"/> | No Answer |

2a. Grades Data Source

- | | |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | Official school record |
| <input type="checkbox"/> | Interview with school staff |
| <input type="checkbox"/> | Report from Parent |
| <input type="checkbox"/> | Report from Youth |
| <input type="checkbox"/> | Report form Mentor |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | No Answer |

3. Behavioral / Discipline Referrals

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Better |
| <input type="checkbox"/> | Worse |
| <input type="checkbox"/> | No Change |
| <input type="checkbox"/> | No Answer |

3a. Behavioral / Discipline Referrals Source

- | | |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | Official school record |
| <input type="checkbox"/> | Interview with school staff |
| <input type="checkbox"/> | Report from Parent |
| <input type="checkbox"/> | Report from Youth |
| <input type="checkbox"/> | Report form Mentor |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | No Answer |

4. Absences

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Better |
| <input type="checkbox"/> | Worse |
| <input type="checkbox"/> | No Change |
| <input type="checkbox"/> | No Answer |

4a. Absences Source

- | | |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | Official school record |
| <input type="checkbox"/> | Interview with school staff |
| <input type="checkbox"/> | Report from Parent |
| <input type="checkbox"/> | Report from Youth |
| <input type="checkbox"/> | Report from Mentor |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | No Answer |