

**KIPBS Mentor Documentation
Other Mentor Activities**

Date of Submission: _____

Name of KIPBS Professional: _____

Address: _____

Phone: _____ **Email:** _____

Description of Activities:

This form is used to document activities that were completed using donated mentor time. Describe what these activities were, the other individuals involved, and the time spent working on each related task.

| “Other” Log | |
|--------------------------------------|--------------------|
| Describe Activities Involved | Hours Spent |
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| Describe Individuals Involved | |
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Evaluation Documentation

Please help the Kansas Institute for Positive Behavior Support document the important contributions you are making in the field. If you used your own training materials, please attach them to the form when it is submitted. Any information about the changes being made will contribute to the impact evaluation of the KIPBS Project.

Please list all evaluation materials and related documents that are attached to this form.

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KIPBS Facilitator Signature: _____

Training Coordinator Signature: _____