

2014 – 2015 San Bernardino County CARES Plus Program (SBCCPP)

Advisor Communication Log - Advisor Name: _____

Participant Name : (PRINT) _____ Component _____

Date	Type of Communication (Phone, email, in-person)				Duration of commu- nication	Specifically what was discussed or prepared
		Phone		In person		
		E-Mail		Other		
		Phone		In person		
		E-Mail		Other		
		Phone		In person		
		E-Mail		Other		
		Phone		In person		
		E-Mail		Other		
		Phone		In person		
		E-Mail		Other		
		Phone		In person		
		E-Mail		Other		
		Phone		In person		
		E-Mail		Other		
		Phone		In person		
		E-Mail		Other		
<p align="center">Total Time: _____ hours _____ minutes</p>						

Signature of Advisor

Date

Advisor must show/record: **Total of at least 8 hours per participant.**

Advisors must meet face-to-face with each participant for at least (minimum) 1 hr. to create their Professional Development Plan.

You must have a total of 2 in-person mtgs. for both Components A & B, specifically one each semester for Component B participants

(One Communication Log completed by Participant & one Communication Log completed by Advisor for a total of 2 Communication Logs for each participant's final packet.)

Revised 9/9/14