## Feedback

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| --- | --- |
| Month: |  |
| Name of Learning mentor: |  |
| Name of Mentee: |  |
| Day and time of meeting: |  |
| Name of parent/ carer you meet with: |  |
|  | |
| Dates visited this month: |  |
| Reasons for any missed sessions: |  |

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| **Optional but very useful for us:** | |
| Good news: |  |
| Any support, resources or advice you need? |  |
| Any support or advice your mentee or the family need about their learning? |  |
| Support or advice the family need about anything else: |  |
|  | |
| Have you taken any trips? Please describe: |  |
|  | |
| Any other comments: |  |