

13 to 24 Month - Monthly Contact/Visit Report Form

Mentor Name: _____ **Region:** _____

Type of Contact/Visit: In Person Visit Virtual Visit No Visit, But Made Contact

Date of Contact/Visit: ___/___/___ Lesson(s) Covered: _____

Mom's Information

Name: _____

Has mom's contact information changed? No Yes If yes, please update below:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ (Cell): _____

Have you been in contact with the mom since your last mentor visit? No Yes

If yes, how?: ___Phone ___Text(s) ___Email(s) ___Mail ___Social Media ___Food Delivery ___Diaper Delivery

Does the mom have concerns about any of the following? Spiritual Concerns
 Medical Concerns Emotional Concerns Social Concerns Other: _____

Were you able to help the mom with this? No Yes _____

Toddler Information

Toddler's Name: _____ Boy Girl

Toddler's Birthdate: _____ Toddler's age (at time of visit): _____

Does participant currently have any concerns related to toddler? No Yes

If yes, specify _____

Have there been any complications? No Yes, specify: _____

Mom's Program Goals

I. Health Promotion:

- Toddler has been in good health and developing optimally. No Yes
 - Toddler has visited his/her doctor/health care provider since last visit. No Yes
 - Toddler's environment is safe and provides needs for adequate growth. No Yes
 - Toddler has received developmental, dental, and nutritional screenings. No Yes
- If yes, were screenings adequate/within normal limits? Yes No, specify: _____
- Toddler's immunizations are up-to-date (if applicable). No Yes

II. Parenting:

- Mom continues demonstrating maternal role/bonding with child. No Yes
- Mom demonstrates nurturing relationship with toddler. No Yes
- Mom shows interest in/completes educational materials. No Yes
- Mom has worked with child on suggested/outlined activities. No Yes

III. Support System:

- Mom feels like she has an adequate support system: If No Yes
yes, who is included in the mom's support network?
 Family Friends Church Other, specify: _____
- Is One by One adding value to the Mom's support system? No Yes
If yes, explain: _____
- Is the Mom attending school and/or working? No Yes
- Did the Mom apply/receive any community resources this month? No Yes
Check all that apply: WIC TennCare Medicaid Housing Assistance
 Food Assistance Other: _____

IV. Spiritual Journey:

- Does mentor feel like the Mom is making progress spiritually? No Yes
If yes, explain: _____
- Mom showed interest in Target Verse No Yes
- Mom expressed prayer concerns No Yes
- Mom prayed to accept Christ as her Savior If so, No Yes
list date: _____
- Mom attended/joined church No Yes
If so, specify church: _____

Follow Up

What was your total travel time (to and from visit)? _____

What was your prep time for this visit? _____ How long was this visit? _____

- We need photos! Please take a picture from your visit today and email it to admin@onebyoneusa.org or text it to your Regional Ministry Director/Coordinator.
- We need testimonies from you and/or your Mom. Use the lines below or email admin@onebyoneusa.org to share a testimony. Thank you!

Mentor comments/concerns: _____

