



Special Olympics
Michigan

Comprehensive Coach Mentoring Program Log

Lead Mentor _____

Coach _____

-- Activities / Hours of Participation in Each --

Date	Mentor	Meeting w/ head coach (3 min.)	Attending staff briefing (2 min.)	Observing training (2 min.)	Observing conditioning/ Wt. training	Assisting during training (3 min.)	Developing 3 practice plans	Attending competition (2 min.)	Other

Total hours ____ Lead Mentor authorization _____ Date _____