Kansas Disability Mentoring Day Local Coordinator Final Report

1. Local Coordinator Name
2. Local Coordinator Phone number 
3. Local Coordinator Email 
4. Local Coordinator Mailing Address 
5. Local Coordinator City, State, Zip 
6. Counties Mentees were from 
7. Type of event for DMD – put X next to all that apply
   * Job shadowing
   * Plenary session
   * Business tours
   * College tours
   * Career fair
   * Mini-workshops
   * Other (explain) 
8. Number of mentees 
9. Number of business/employers participated 

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