

**South Carolina Department of Social Services
Independent Living Program
MENTORING OUTLINE**

County of Origin: _____ Name of Youth: _____
Caseworker's Name: _____ Youth's Age: _____
Supervisor's Name: _____ Mentor's Name: _____

I. Please specify the frequency and duration of the mentoring service to be provided.

II. Please visit www.caseylifeskills.org for the goals, expectations and activities for the youth and complete table outline.

For goals and expectations:

- Click on Learning Plan.
- Go to Casey Life Skills Guidebook.
- Select needed domains, goals and expectations.

For activities:

- Click on Resources.
- Go to Resources for ACLSA Guidebook.
- Scroll down to Ready, Set, Fly!
- Click on needed language version.
- Select activities based upon age level, domain, goals and expectations. Age levels are: Level I (ages 8-9), Level II (ages 10-12), Level III (ages 13-15) and Level IV (ages 16 and older).

III. **Caseworker must complete the following on a prospective mentor:**

- SLED background check
- Central registry check
- Sex offender online database

Domains	Goals	Expectations	Activities