

MENTOR ACTION STRATEGY

This form is to be completed at first meeting

1. Mentor's goals and expectations from this mentoring relationship:

2. Student's goals and expectations from this mentoring relationship:

3. Student Mentee contact information

Name _____

Email _____

Phone _____

Preferred method of contact: Email Phone Virtual Other

Preferred contact time (not after 9PM): _____

Check in Dates/Times: _____

Locations: _____

4. Follow Up:

Before next meeting mentor will:

Before next meeting student will:

5. Discussion notes or topics:

STUDENT MENTEE ACTION STRATEGY

1. Student's goals and expectations from this mentoring relationship:

2. Mentor's goals and expectations from this mentoring relationship:

3. Mentor's contact information

Name _____

Email _____

Phone _____

Preferred method of contact: Email Phone Virtual Other

Preferred contact time (not after 9PM): _____

Check in Dates/Times: _____

Locations: _____

4. Follow Up:

Before next meeting student will:

Before next meeting mentor will:

5. Discussion notes or topics:

STUDENT MENTEE DEVELOPMENT ASSESSMENT

Five Main Strengths:

1.

2.

3.

4.

5.

Five Areas for Improvement:

1.

2.

3.

4.

5.

Five Personal/Professional Development Goals with Action Plan(s)

1.

Action Plan:

2.

Action Plan:

3.

Action Plan:

4.

Action Plan:

5.

Action Plan:

Five Primary Areas Requesting Mentor Assistance:

1.

2.

3.

4.

5.

Progress Review Dates with Mentor

Initial Review:

Second Review:

Final Review:
