SOBA America Mentorship Program Goals and Action Plan

Name of Mentor:

Name of Mentee:

Mentorship start date:

Mentor and Mentee preferred means of communication:

Mentorship end date:

1. Mentor’s Goals/ Objectives (what you plan to learn or gain from this relationship).

1.

2.

3.

4.

1. Mentor’s Goals/ Objectives (what you expect your mentee to gain/ learn from this experience/ relationship).

1.

2.

3.

4.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Objectives to achieve overarching goals | Mentee's action steps | Mentor’s action steps | Success (should be measurable) | Potential barriers (risk mitigation steps) | Role of mentorship coordinator | Target completion date |
| Objective #1 |  |  |  |  |  |  |
| Objective #2 |  |  |  |  |  |  |
| Objective #3 |  |  |  |  |  |  |
| Objective #4 |  |  |  |  |  |  |

Mentee Mentor

Signature:

Name:

Date:

This form should be completed latest 2nd month and 2nd meeting of mentorship program and a copy kept by mentor and mentee and sent to coordinator of SOBA America mentorship program.