

MENTORING ACTION PLAN

Mentor:		Mentee:	
Date:		Approximate Length of Meeting:	

Agreed mentoring goal(s) *What does the mentee broadly want to achieve from the mentoring process?*

1.	
2.	
3.	

Action(s) to be taken	By Whom	Target Date	Resources / Training Needed
1.			
2.			
3.			
4.			

MENTORING ACTION PLAN

Mentee's Supervisor Comments <i>(if attending of the planning meeting)</i>			

Date of Next Meeting: _____

To be completed at initial meeting. This page to be used as a reference, and for future meetings to determine progress or to reassess goals if necessary.

Consider using SMART Goals – Are the mentoring goals:

Specific	Measureable	Attainable	Relevant	Time bound
-----------------	--------------------	-------------------	-----------------	-------------------