|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Mentee**: | | | **Mentor**: | | | |
| **Time period for mentoring partnership**: | | **From:** | | | **To:** | |
| **Mentoring Goals**: | | | | | | |
| **Current state:**  Assess your current proficiency in your mentoring goals on a scale from 1 - 5 | | | | | | |
| **Development Plan** | | | | | | |
| **Competency:**  **What specific skill do I want to develop?** | **Activities** | | | **Target completion date** | | **I know I have achieved my goal when…** |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |

Work with your mentor to repeat this process for each identified competency to reach your learning goals.

Signature of Mentee Date

Signature of Mentor Date