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| --- | --- |
| **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