

Trainer Candidate Name: _____

Mentor Name: _____

Date: _____

Mentor's goals	Mentee's goals
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
Mentoring plan: <i>List goals together; check once completed</i>	
1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>
5.	<input type="checkbox"/>
6.	<input type="checkbox"/>
7.	<input type="checkbox"/>
8.	<input type="checkbox"/>
9.	<input type="checkbox"/>
10.	<input type="checkbox"/>
Communication	
Preferred method (i.e. e-mail, phone, over coffee) (<i>Mentor</i>)	
Preferred method (i.e. e-mail, phone, over coffee) (<i>Mentee</i>)	
Availability for meetings (i.e. face to face, phone, msn) (<i>Mentor</i>)	
Availability for meetings (i.e. face to face, phone, msn) (<i>Mentee</i>)	
Communication plan (<i>be clear on time expectations and the needs of the partnership</i>)	