Mentoring Session Record (Complete at each meeting, mentor/mentee)

What date did you initiate your contract? _______________________________________________________

Date: __________ Names:__________________________________________ Unit:_____

Session (circle one) Month 1 2 3 4 5 6
7 8 9 10 11 12

My goals for this meeting:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What did we accomplish during this meeting?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Tentative goals for next meeting.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Other suggestions/plans:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Next meeting date: ________________________________

Mentor signature: ________________________________________

Mentee signature: ______________________

This is for your records. Please keep copies for viewing if requested by designated individual(s) within the facility.