Mentorship Session Snapshot & Action Plan

TNOTA MENTORSHIP PROGRAM TOOLKIT

Supporting Growth, Connection, and Professional Excellence

Date:

Mentor:

Mentee:

Format: In Person Virtual Phone

Main Topics Discussed:

Goal 1:

- **Goal:**
- **Action Steps:**
- **Target Date:**

Goal 2:

- **Goal:**
- **Action Steps:**
- **Target Date:**

Notes / Reflections/New Topics:

Mentor Log – Session Record

Mentor Name:

Mentee Name:

Quarter:

Session Entries:

Date	Duration	Format	Key Topics	Action Items	Follow-Up Needed
		☐ In Person ☐ Virtual ☐ Phone			☐ Yes ☐ No
		☐ In Person ☐ Virtual ☐ Phone			☐ Yes ☐ No
		☐ In Person ☐ Virtual ☐ Phone			☐ Yes ☐ No

Date	Duration	Format	Key Topics	Action Items	Follow-Up Needed
		☐ In Person ☐ Virtual ☐ Phone			☐ Yes ☐ No
		☐ In Person ☐ Virtual ☐ Phone			☐ Yes ☐ No
		☐ In Person ☐ Virtual ☐ Phone			☐ Yes ☐ No
		☐ In Person ☐ Virtual ☐ Phone			☐ Yes ☐ No

Mentee Progress Tracker

Mentee Name:

Mentor Name:

Quarter:

Goal Overview:

Goal	Progress Rating	Notes
Goal 1:	☐ Not Started ☐ In Progress ☐ On Track ☐ Completed	
Goal 2:	☐ Not Started ☐ In Progress ☐ On Track ☐ Completed	
Goal 3:	☐ Not Started ☐ In Progress ☐ On Track ☐ Completed	

Skill Development Areas:

Skill Area	Current Level	Evidence / Examples

Emerging Developing
Competent Advanced

Emerging Developing
Competent Advanced

Emerging Developing
Competent Advanced

Quarterly Review: Mentor & Mentee

Quarter:

Mentor:

Mentee:

Quarterly Summary:

- **Overall Progress:**
- **Strengths Observed:**
- **Areas for Growth:**

Goal Review:

Goal	Status	Notes
Goal 1	☐ Met ☐ Partially Met ☐ Not Met	
Goal 2	☐ Met ☐ Partially Met ☐ Not Met	
Goal 3	☐ Met ☐ Partially Met ☐ Not Met	

Next Quarter Priorities:

Mentorship Program Evaluation

Role: ☐ Mentor ☐ Mentee **Date:**

Program Experience:

Please rate the following:

Item	Excellent	Good	Fair	Poor
Match quality	☐	☐	☐	☐
Communication	☐	☐	☐	☐
Goal support	☐	☐	☐	☐
Resources provided	☐	☐	☐	☐
Overall experience	☐	☐	☐	☐

What aspects of the program were most helpful?

What improvements would you recommend?

Would you participate again?

☐ Yes ☐ No ☐ Maybe