

St. Clair County Community Mental Health
Mentorship Agreement and Personal Development Plan

This form is for individuals entering into a one-on-one mentoring partnership. Please discuss each item below.

Mentee Name: _____ Position/Title: _____

Mentor Name: _____ Position Title: _____

Professional Development Goals:

1. Goal 1 (Specific **Professional Development Goal** that the Mentee would like to work on):

Action Steps:

Please list specific actions/tasks to achieve this goal, include any deadlines or timelines for each action step, and identify any resources or support needed to accomplish this goal.

2. Goal 2 (Optional) (Another specific **Professional Development Goal** that the Mentee would like to work on):

Action Steps:

Please list specific actions/tasks to achieve this goal, include any deadlines or timelines for each action step, and identify any resources or support needed to accomplish this goal.

Career Development Goals:

1. Goal 1 (Specific **Career Development Goal** that the Mentee is aiming for):

Action Steps:

Please list specific actions/tasks to achieve this goal, include any deadlines or timelines for each action step, and identify any resources or support needed to accomplish this goal.

2. Goal 2 (Optional) (Another specific **Career Development Goal** that the Mentee is aiming for):

Action Steps:

Please list specific actions/tasks to achieve this goal, include any deadlines or timelines for each action step, and identify any resources or support needed to accomplish this goal.

Personal Developmental Goals:

1. Goal 1 (Specific **Personal Development Goal** related to work-life balance, communications, etc.)

Action Steps:

Please list specific actions/tasks to improve this area and include deadlines or timelines for each action step.

2. Goal 2 (Optional) (Another specific **Personal Development Goal** related to work-life balance, communications, etc.)

Action Steps:

Please list specific actions/tasks to improve this area and include deadlines or timelines for each action step.

Communications and Time Investment

One of the most critical factors in a mentorship is the frequency and quality of communications. The best thing you can do to ensure an effective mentorship is to set a realistic goal plan for formal and informal communications, then follow through with that plan.

We will meet in person (list frequency, and if possible, set up six-month schedule below).

The person responsible for scheduling/rescheduling the meetings is: _____

By following this format, the Mentor and Mentee can collaboratively develop and tailor the Personal Development Plan to the Mentee's specific goals and objectives in professional, career, and personal development areas.

Meeting Frequency Schedule:

By signing below, we agree to follow the above agreement.

Mentee Signature

Print Name

Date

Mentor Signature

Print Name

Date