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|  | Mentoring Agreement  Professional Development Team |

**Mentor Name:**

**Mentee Name:**

**Date:** enter first meeting date

*Please answer the questions following initial contact between mentor and mentee and complete the agreement at the bottom. Note specifics of this agreement may be updated at any time with consent of mentor and mentee.*

**1. What is the mentee’s goal statement?**

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**2. What are the mutual objectives for this mentoring experience?**

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**3. What skills or knowledge will the mentor pass on to the mentee? Be specific.**

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**4. How do you plan to achieve your mutual objectives?**

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**4. How often and in what form will you communicate?**

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**5. How will you determine if you have achieved the desired objectives?**

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*Apart from information collected to record meetings have taken place and to report aggregated information to assess effectiveness of mentoring program, the relationship is confidential and content of meetings will remain between the mentor and mentee. Exceptions, with the express consent of both mentor and mentee, may be made to promote the mentoring program to FAHQ members.*

**Mentor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

Contact information:

Email:

Phone:

**Mentee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

Contact information:

Email:

Phone: