

Staff Leadership Mentoring Program Goal Setting Form

Protégé Name: _____

Mentor Name: _____

Section to be Filled out by the Protégé

What are your short-term (1-2 years) career goals?

What are your long-term (5-10 years) career goals?

Is there a job you must hold in order to obtain your short-term career goals?

What skills must you acquire in order to achieve this goal?

What specific advice and counsel will you seek from your mentor?

Section to be Filled out by the Mentor

What resources and contacts can you provide to your protégé to help them achieve their goals?

Are there certain organizations or committees that would help your protégé reach their career goal?

What kind of networking do you suggest your protégé become involved in?

Section to be Filled out by Protégé and Mentor

How often would you like to meet in person or talk on the phone?

When is your next meeting or phone conversation? _____

I agree to communicate/meet with my Protégé/Mentor at least once a month. I understand the guidelines set forth by the APMP committee and will contact my liaison if any problems arise.

Date _____ Protégé signature: _____

Mentor Signature: _____