

Mentoring Worksheet

Mentor: _____

Mentee: _____

Date of Meeting: _____

Goal: Teaching

Goal met Making Progress No

Progress

Accomplishments: _____

Obstacles: _____

New goal or strategy to overcome obstacles (if needed): _____

Goal: Clinical Care

Goal met Making Progress No

Progress

Accomplishments: _____

Obstacles: _____

New goal or strategy to overcome obstacles (if needed): _____

Goal: Research

Goal met Making Progress No Progress

Accomplishments: _____

Obstacles: _____

New goal or strategy to overcome obstacles (if needed): _____

Goal: Service

Goal met Making Progress No Progress

Accomplishments: _____

Obstacles: _____

New goal or strategy to overcome obstacles (if needed): _____

Goal: Self Development

Goal met Making Progress No Progress

Progress

Accomplishments: _____

Obstacles: _____

New goal or strategy to overcome obstacles (if needed): _____

Goal: Networking

Goal met Making Progress No

Progress

Accomplishments: _____

Obstacles: _____

New goal or strategy to overcome obstacles (if needed): _____

Goal: Work/Life Balance

Goal met Making Progress No

Progress

Accomplishments: _____

Obstacles: _____

New goal or strategy to overcome obstacles (if needed): _____

Goal: Additional Mentors

Goal met Making Progress No

Progress

Accomplishments: _____

Obstacles: _____

New goal or strategy to overcome obstacles (if needed): _____
