

**CBT Professional**

**Mentorship Program**

**Mentor Action Strategy**

1. Mentor’s goals and expectations from this mentoring relationship:

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2. Student’s goals and expectations from this mentoring relationship:

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3. Student’s contact information

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact: Email ☐ Phone ☐ Text ☐ WebEx/Zoom ☐ Other ☐ Preferred Response time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check-in dates/times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Locations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Goals:

Actions the Mentor will take:

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Actions the Student will take:

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5. Student’s development assessment:

* Review
* Feedback
* Complete the Alumni Mentor Program survey(s).