

**CBT Professional**

**Mentorship Program**

**Student Action Strategy**

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

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

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3. Mentor’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 Student will take:

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Actions the Mentor will take:

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5. Discussion notes or topics:

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* Share the completed Student Action Strategy with your mentor.
* Develop a personal and professional development assessment with your mentor to include goals and action plans.
* Complete the Alumni Mentor Program survey(s).
* Express appreciation for your mentor regularly. Send a formal thank you note in May and December.