MENTORING GOAL FORM*

(To be completed by the protégé.)

Name:_____Date: _____

What do you want to achieve through engaging in the mentoring relationship? Complete this form and discuss your goals with your mentor. Examine your goals periodically, and discuss progress made.

Goal #1:

Benefits to You:

Benefits to Your Program/Organization/Community:

Potential Barriers to Success:

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* Adapted from Leadership Enterprises (www.leadershipenterprises.com)

Resources/Support Needed to Achieve Goal:

How Progress Will Be Measured:

Goal #2:

Benefits to You:

Benefits to Your Program/Organization/Community:

Potential Barriers to Success:

Resources/Support Needed to Achieve Goal:

How Progress Will Be Measured: