

# MENTOR/PROTÉGÉ AGREEMENT & PLAN

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## Background Information

### Protégé

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

#### Preferred to be used for relationship:

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other: \_\_\_\_\_

### Mentor

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

#### Preferred to be used for relationship:

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other: \_\_\_\_\_

The following items must be agreed to by both partners prior to mentoring cycle begins. First contact should be approximately 1 hour in duration to discuss all items in order to maintain a progress report.

Agreed upon time frame (not to exceed 1 year): \_\_\_\_\_

Meeting frequency: \_\_\_\_\_

Scheduled meetings times: \_\_\_\_\_

**Communication methodologies to be used (initial all that apply):**

	Mentor	Protégé
Face-to-Face	<input type="checkbox"/>	<input type="checkbox"/>
E-mail	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>
Go to Meeting	<input type="checkbox"/>	<input type="checkbox"/>
Skype	<input type="checkbox"/>	<input type="checkbox"/>
Online Video Chat	<input type="checkbox"/>	<input type="checkbox"/>

**Mentor & Protégé must agree to the following (please initial):**

	Mentor	Protégé
Share background information with each other	<input type="checkbox"/>	<input type="checkbox"/>
Discuss business & personal commonalities	<input type="checkbox"/>	<input type="checkbox"/>
Clarify expectations and objectives	<input type="checkbox"/>	<input type="checkbox"/>
Discuss possible concerns & challenges	<input type="checkbox"/>	<input type="checkbox"/>
Honor commitments	<input type="checkbox"/>	<input type="checkbox"/>
Meet frequently (no less than 1x month)	<input type="checkbox"/>	<input type="checkbox"/>
Honor scheduled meeting times	<input type="checkbox"/>	<input type="checkbox"/>
Set agreed methodology to change date/place of meeting	<input type="checkbox"/>	<input type="checkbox"/>
Respect each other's differences	<input type="checkbox"/>	<input type="checkbox"/>
Be open to new perspectives and learn from one another	<input type="checkbox"/>	<input type="checkbox"/>
Commit to each other's development	<input type="checkbox"/>	<input type="checkbox"/>
Open, Honest & Willing to share insights/issues	<input type="checkbox"/>	<input type="checkbox"/>
Willing to accept the other's opinion, even if it is different than my own	<input type="checkbox"/>	<input type="checkbox"/>

Protégé: My expectation from my Mentor is:

Mentor: My expectation from my Protégé is:

Mentor Cycle Start Date (MM/DD/YY): \_\_\_\_\_

Mentor Cycle Planned End Date (MM/DD/YY): \_\_\_\_\_

# MENTORING PLAN

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The following sample plan is provided to help outline the expected outcome for the mentoring partnership. The plan focuses on the Protégé's needs and what the Mentor can offer.

## A. Protégé's career plan and ideas

Protégé's immediate development plan is to:

Protégé's long term development plan is to:

## B. Development area examples

Select the areas that would be helpful to your development.

Learn to be more strategic

Develop business knowledge

Learn how to communicate effectively to the C-Suite

Develop sector-specific knowledge

Learn how to demonstrate business value and key metrics

Learn team building skills

Navigating organizational culture

Time management and prioritizing

Managing and dealing with change

Develop leadership skills

Learn methods for meeting challenges

Strengthen communication skills

Develop professional networking skills

Learn a system for problem identification, analysis and decision making

Learn how to manage conflicts

Learn how to leverage technology

Other: \_\_\_\_\_

**C. Mentor's action plan to support the Protégé's plan**

Based on the Protégé's needs, list what you plan to do to support the Protégé's plan.

**D. Other resources that may be helpful in supporting the Protégé**

If for any reason either party cannot continue in the program, she/he must contact the Mentoring Program Leader/Coordinator and his/her partner.

**Signature:**

\_\_\_\_\_

Protégé

\_\_\_\_\_

Mentor

\_\_\_\_\_

Date

\_\_\_\_\_

Date