



HHS MENTORING PROGRAM: *Partnering for Excellence*

Appendix G – Program Completion Checklist

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| MENTEE INFORMATION | | |
| Name: | Operating Division: | |
| Position: | Mentee Confirmation Date: | |
| MENTOR INFORMATION | | |
| Name: | Operating Division: | |
| Position: | Mentor Confirmation Date: | |
| PROGRAM ENROLLMENT | | |
| <input type="checkbox"/> Complete Mentoring Online Application <input type="checkbox"/> Complete and Sign Mentoring Agreement | | |
| INDIVIDUAL DEVELOPMENT PLANNING | | |
| <input type="checkbox"/> Mentee Reviews Leadership Competencies to evaluate and identify development needs <input type="checkbox"/> Mentee Formulates Individual Development Plan (IDP) | <input type="checkbox"/> Mentor Reviews Leadership Competencies <input type="checkbox"/> Mentor Reviews Mentee's Individual Development Plan (IDP) and provides further suggestions for competency focus and developmental suggestions | |
| ORIENTATION | | |
| <input type="checkbox"/> Attend In Person or Online Mentoring Orientation Session (Both Mentee and Mentor) | | |
| TRAINING | | |
| <input type="checkbox"/> Attend Mentoring Training Plan Events and Update Training in Individual Development Plan | | |
| <ul style="list-style-type: none"> Networking/Lunch & Learn Series | <ul style="list-style-type: none"> Skill Soft Competency Specific Online Training | <ul style="list-style-type: none"> Operating Division Training Requirements |
| PROGRAM EVALUATION | | |
| <input type="checkbox"/> Mentee completed 6-Month Mentoring Progress Report <input type="checkbox"/> Mentee completed 1-year Program Evaluation <input type="checkbox"/> Mentor completed 6-Month Mentoring Progress Report <input type="checkbox"/> Mentor completed the 1-year Program Evaluation | | |