



Appendices

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HHS MENTORING PROGRAM: *Partnering for Excellence*

Appendix A - Mentoring Agreement

This agreement remains in effect for twelve months and may be terminated at any time, by either the mentee or mentor. We agree to the following parameters:

1. To retain confidentiality of information shared between parties.
2. To communicate periodically with the OPDIV program manager on progress reviews.
3. To communicate a minimum of once a month.
4. To participate in the evaluation of the mentoring program.

Mentoring Partnership Objectives

As a result of working with a mentor I would like to accomplish the following: _____

Role of the Mentor

I will support my mentee's developmental process by (i.e., helping to develop and monitor his/her mentoring action plan, sharing organizational insight, expanding his/her network, acting as a sounding board, providing developmental feedback): _____

Supervisor Investment

We plan to gain commitment from the supervisor by: _____

Meeting Logistics

Our meetings will generally take place at this time: _____ Location (in person or virtual): _____
Frequency: _____ Length: _____ Initiator: _____

Signatures:

Mentee _____ **Date** _____

Mentor _____ **Date** _____



HHS MENTORING PROGRAM: *Partnering for Excellence*

Appendix B – 6-Month Progress Report: Mentee Feedback

MENTEE INFORMATION	
Name (optional):	Operating Division: SELECT OPDIV
MENTORING PROGRAM	
<p>1. This program is giving me the opportunity to receive knowledge, experience, and guidance. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>2. Due to my involvement in the Mentoring Program, I believe I am more equipped to be a future leader within HHS. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>3. The program is empowering me to be more proactive in planning and achieving professional goals. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>4. Through participation in the Mentoring Program, I am interested in serving as a mentor in the future. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>5. Due to my participation in this program, I am more likely to continue employment at HHS and view the department as an employer of choice. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>6. I would recommend that others participate in this program. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>	
MENTORING RELATIONSHIP	
<p>7. The matching process enabled me to find a mentor with whom I felt comfortable. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>8. I believe that we have established enough trust to allow us to work well together. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>9. I believe that my mentor is collaborating with me to set realistic goals and take achievable steps to achieve those goals. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>10. I have experienced learning and growth in the relationship thus far. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>11. Throughout the mentoring relationship, I am receiving feedback and ongoing assessment and that is resulting in learning and improvement. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>12. My mentoring relationship is providing me with information needed to help me understand HHS culture, value, and norms that creates a sense of belonging. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>	



PROGRAM TRAINING

13. The Mentoring Program orientation effectively prepared me for the mentoring experience.
 Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
14. The training provided by the Mentoring Program is further developing my knowledge, skills, and abilities, as it applies to my current position.
 Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

PROGRAM SUPPORT

15. The Mentoring Program OPDIV Coordinator role is successful in guiding me and answering program questions and concerns throughout my participation in the program.
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16. The Mentoring Program HHSU Program Manager role is successful in guiding me and answering program questions and concerns throughout my participation in the program.
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17. The leadership within my office supports my participation in the HHS Mentoring Program.
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PROGRAM WEBSITE

18. My experience with the HHS Mentoring Program Website allowed me to easily apply to the Mentoring Program.
 Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
19. I feel that the matching criteria on the HHS Mentoring Program Website allowed me to be successfully matched with a complimentary mentor.
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20. I feel that my experience with the HHS Mentoring Program Website was helpful to me in learning about the policies and content of the Mentoring Program.
 Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

ADDITIONAL COMMENTS

Please use the area below to make any suggestions regarding the HHS Mentoring Program.



HHS MENTORING PROGRAM: *Partnering for Excellence*

Appendix C – 6-Month Progress Report: Mentor Feedback

MENTOR INFORMATION	
Name (optional):	Operating Division: SELECT OPDIV
MENTORING PROGRAM	
<p>1. This program is giving me the opportunity to share knowledge, experience, and guidance. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>2. Due to my involvement in the Mentoring Program, I believe I am more equipped to be a future leader within HHS. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>3. The program is empowering me to be more proactive in planning and achieving the professional goals for myself and others. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>4. Through participation in the Mentoring Program, I am encouraged to participate in the development of others. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>5. Due to my participation in this program, I am more likely to continue employment at HHS and view the department as an employer of choice. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>6. I would recommend that others participate in this program. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>	
MENTORING RELATIONSHIP	
<p>7. The matching process enabled me to find a mentee with whom I felt comfortable. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>8. I believe that we have established enough trust to allow us to work well together. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>9. I believe that my mentee is collaborating with me to set realistic goals and take achievable steps to achieve those goals. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>10. I have experienced learning and growth in the relationship thus far. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>11. Throughout the mentoring relationship, I am providing feedback and ongoing assessment and that is resulting in learning and improvement. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p> <p>12. My mentoring relationship is providing me with the opportunity to share the HHS culture, value, and norms that creates a sense of belonging. <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree</p>	



PROGRAM TRAINING

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 Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
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- 16. The Mentoring Program HHSU Program Manager role is successful in guiding me and answering program questions and concerns throughout my participation in the program.
 Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
- 17. The leadership with my office supports my participation in the HHS Mentoring Program.
 Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

PROGRAM WEBSITE

- 18. My experience with the HHS Mentoring Program Website allowed me to easily apply to the Mentoring Program.
 Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
- 19. I feel that the matching criteria on the HHS Mentoring Program Website allowed me to be successfully matched with a complimentary mentee.
 Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
- 20. I feel that my experience with the HHS Mentoring Program Website was helpful to me in learning about the policies and content of the Mentoring Program.
 Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

ADDITIONAL COMMENTS

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HHS MENTORING PROGRAM: *Partnering for Excellence*

Appendix D - Individual Development Plan

The Individual Development Plan (IDP) is a roadmap that guides employees in identifying their professional development goals and the strategies for achieving them. Employees’ professional development should be an ongoing process to ensure employees are staying current—if not one step ahead—in their professions. Planning for continuous development must be linked to the organization’s mission, goals, objectives, and needs, as well as individual professional goals of employees. OPDIVs may have career/OPDIV-specific IDP templates for use.

Position Title:	Mentee:	Mentee Signature:	Date:	
Grade/Series:	Supervisor:	Supervisor Signature:	Date:	
IDP Date Range:	Mentor:	Mentor Signature:	Date:	
Short Term Goals:				
Long Term Goals:				
Developmental Goal:	Identified Competency:	Training Event/Activity:	Target Date	Completion Date



HHS MENTORING PROGRAM: *Partnering for Excellence*

Appendix E – 1-Year Program Evaluation: Mentee Feedback

MENTEE INFORMATION

Name (optional):

Operating Division: SELECT OPDIV

MENTORING PROGRAM

- 1. This program gave me the opportunity to receive knowledge, experience, and guidance.
 Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
- 2. Due to my completion of the Mentoring Program, I believe I am more equipped to be a future leader within HHS.
 Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
- 3. The program has empowered me to be more proactive in planning and achieving professional goals.
 Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
- 4. Due to my completion of the HHS Mentoring Program, I am interested in serving as a mentor in the future.
 Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree
- 5. Due to my completion of this program, I am more likely to continue employment at HHS and view the department as an employer of choice.
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- 6. I would recommend that others participate in this program.
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MENTORING RELATIONSHIP

- 7. The matching process enabled me to find a mentor with whom I felt comfortable.
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HHS MENTORING PROGRAM: *Partnering for Excellence*

Appendix F – 1-Year Program Evaluation: Mentor Feedback

MENTOR INFORMATION	
Name (optional):	Operating Division: SELECT OPDIV
MENTORING PROGRAM	
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ADDITIONAL COMMENTS

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HHS MENTORING PROGRAM: *Partnering for Excellence*

Appendix G – Program Completion Checklist

MENTEE INFORMATION		
Name:	Operating Division: SELECT OPDIV	
Position:	Mentee Confirmation Date:	
MENTOR INFORMATION		
Name:	Operating Division: SELECT OPDIV	
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		



HHS MENTORING PROGRAM: *Partnering for Excellence*

Appendix H - Leadership Competency Definitions

1. Creativity and Innovation

Develops new insights into situations; questions conventional approaches; encourages new ideas and innovations; designs and implements new or cutting edge programs/processes.

2. External Awareness

Understands and keeps up-to-date on local, national, and international policies and trends that affect the organization and shape stakeholders' views; is aware of the organization's impact on the external environment.

3. Flexibility

Is open to change and new information; rapidly adapts to new information, changing conditions, or unexpected obstacles.

4. Resilience

Deals effectively with pressure; remains optimistic and persistent, even under adversity. Recovers quickly from setbacks.

5. Strategic Thinking

Formulates objectives and priorities, and implements plans consistent with the long-term interests of the organization in a global environment. Capitalizes on opportunities and manages risks.

6. Vision

Takes a long-term view and builds a shared vision with others; acts as a catalyst for organizational change. Influences others to translate vision into action.

7. Conflict Management

Encourages creative tension and differences of opinions. Anticipates and takes steps to prevent counter-productive confrontations. Manages and resolves conflicts and disagreements in a constructive manner.

8. Leveraging Diversity

Fosters an inclusive workplace where diversity and individual differences are valued and leveraged to achieve the vision and mission of the organization.

9. Developing Others

Develops the ability of others to perform and contribute to the organization by providing ongoing feedback and by providing opportunities to learn through formal and informal methods.

10. Team Building

Inspires and fosters team commitment, spirit, pride, and trust. Facilitates cooperation and motivates team members to accomplish group goals.

11. Accountability

Holds self and others accountable for measurable high-quality, timely, and cost-effective results. Determines objectives, sets priorities, and delegates work. Accepts responsibility for mistakes. Complies with established control systems and rules.

12. Customer Service

Anticipates and meets the needs of both internal and external customers. Delivers high-quality products and services; is committed to continuous improvement.

13. Decisiveness

Makes well-informed, effective, and timely decisions, even when data are limited or solutions produce unpleasant consequences; perceives the impact and implications of decisions.

14. Entrepreneurship

Positions the organization for future success by identifying new opportunities; builds the organization by developing or improving products or services. Takes calculated risks to accomplish organizational objectives.

15. Problem Solving

Identifies and analyzes problems; weighs relevance and accuracy of information; generates and evaluates alternative solutions; makes recommendations.

16. Technical Credibility

Understands and appropriately applies principles, procedures, requirements, regulations, and policies related to specialized expertise.

17. Financial Management

Understands the organization's financial processes. Prepares, justifies, and administers the program budget. Oversees procurement and contracting to achieve desired results. Monitors expenditures and uses cost-benefit thinking to set priorities.

18. Human Capital Management

Builds and manages workforce based on organizational goals, budget considerations, and staffing needs. Ensures that employees are appropriately recruited, selected, appraised, and rewarded; takes action to address performance problems. Manages a multi-sector workforce and a variety of work situations.

19. Technology Management

Keeps up-to-date on technological developments. Makes effective use of technology to achieve results. Ensures access to and security of technology systems.

20. Partnering

Develops networks and builds alliances; collaborates across boundaries to build strategic relationships and achieve common goals.

21. Political Savvy

Identifies the internal and external politics that impact the work of the organization. Perceives organizational and political reality and acts accordingly.

22. Influencing/Negotiating

Persuades others; builds consensus through give and take; gains cooperation from others to obtain information and accomplish goals.

23. Interpersonal Skills

Treats others with courtesy, sensitivity, and respect. Considers and responds appropriately to the needs and feelings of different people in different situations.

24. Oral Communication

Makes clear and convincing oral presentations. Listens effectively; clarifies information as needed.

25. Integrity/Honesty

Behaves in an honest, fair, and ethical manner. Shows consistency in words and actions. Models high standards of ethics.

26. Written Communication

Writes in a clear, concise, organized, and convincing manner for the intended audience.

27. Continual Learning

Assesses and recognizes own strengths and weaknesses; pursues self-development.

28. Public Service Motivation

Shows a commitment to serve the public. Ensures that actions meet public needs; aligns organizational objectives and practices with public interests.

29. Self Direction

Proactively identifies and acts on problems and opportunities.

30. Project Management

Project Management is the process of creating and maintaining an environment that guides a project to its successful completion.

31. Performance Management

Monitors and evaluates performance against goals, and makes adjustments to achieve goals.

32. Organizational Systems Awareness

Understands and utilizes organizational dynamics to achieve objectives.

33. Results Driven

Focuses on desired results, and sets and achieves challenging goals.

34. Diversity

Utilizes an understanding of cultural differences to communicate and influence.