

Career Development Mentoring Program
Mentor/Mentee Monthly Progress Report

For the month of _____

Name: _____ Agency: _____

Email Address: _____ Phone No. _____

Mentee's Name: _____ Mentor's Name: _____

1. How much time was spent with your mentee/mentor in the past month (face-to-face, phone, e-mail, texting)?

2. Do you feel the time spent with your mentee/mentor was beneficial? Yes _____ No _____

3. I feel communication with my assigned mentoring partner is good. Yes _____ No _____

Please comment: _____

4. What are some of the things that you feel you and your mentee/mentor accomplished in the past month?

5. Comments/Suggestions: _____

Signature: _____

Date: _____

Due by the 30th of each month to Michelle Potter, OMB
Carvel State Office Bldg., 10th Floor
820 N. French Street, 10th Floor
Wilmington, DE 19801
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Thank You!