



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. Do you feel communication with your 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 last day of each month to Michelle Potter, DHR
Carvel State Office Bldg., 10th Floor
820 N. French Street, 10th Floor
Wilmington, DE 19801
michelle.potter@state.de.us**

Thank You!

Department of Human Resources

