

**Missouri Division of Career Education**  
**INDIVIDUAL MENTORING PLAN**  
**Year Two**

**School Year** \_\_\_\_\_

Mentor \_\_\_\_\_

Protégé \_\_\_\_\_

Mentor's School \_\_\_\_\_

Protégé's School \_\_\_\_\_

Mentor's Email \_\_\_\_\_

Protégé's Email \_\_\_\_\_

Mentor's Phone \_\_\_\_\_

Protégé's Phone \_\_\_\_\_

<b>Mentoring Goals/Activities</b>	<b>Strategies</b>	<b>Target Date</b>	<b>Date Achieved</b>	<b>Comments</b>
First Quarter – Selected by Mentor and Protégé		11/1		
Second Quarter PRoBE Training		12/31		
NCM – Mentor/Protégé Visit Report		1/15		
Third Quarter – Implementation of PRoBE project intervention		3/15		
Fourth Quarter – PRoBE Project completion, analysis, and PowerPoint		5/1		
Program Evaluation		4/15 – 5/15		