Mentoring Session Record Form

J Am Dietetic Assoc 110(7):1002-1008.

Mentee: ____________________________________ Mentor: _________________________________________
Initiation Date: ____/_____/_____ Today’s date: ____/_____/_____

Pre-session:
1. What are your goals for this mentoring session?

2. What are you already doing to achieve these goals?

3. What objectives have you already accomplished?

4. What has been the greatest challenge up to this point?

5. What resources do you need to achieve your remaining objectives?

6. What has been your most valuable learning experience?

Post-session:
7. What are your conclusions from this session?

8. What further mentoring and advice do you feel that you need?

9. What objectives remain to be addressed in future meetings?