

Mentoring Record Sheet

Mentor Name: _____
(Teacher)
Designation: _____

Details of Student

Mentee Name: _____
(Student)
Class: _____
DOB: _____
Address: _____

Contact No. : _____
Email Address: _____
Parent Details: _____
(Name & Contact No.) _____

GOAL SETTING & ACTION PLANNING

Goals:	Set by Student	Reviewed by Teacher	Actions Required
Academic Goals			
Career Aspirations			

Signature: Teacher _____ Student _____

Date: _____

SWOT ANALYSIS OF THE STUDENT

Strengths What do you do well? What unique resources can you draw on? What do others see as your strengths?	Weaknesses What could you improve at? Where do you have fewer resources than others? What are others likely to see as your weaknesses?
Opportunities What opportunities are open to you? What trends could you take advantage of?	Threats What threats could harm your Strengths? What threats do your weaknesses expose?

Reviewed by:

Sign: _____

Date: _____

Mentoring Session Record

Date:	Time & Place:
Session Summary:	
Sign: Teacher	Sign: Student

Date:	Time & Place:
Session Summary:	
Sign: Teacher	Sign: Student

Date:	Time & Place:
Session Summary:	
Sign: Teacher	Sign: Student