

Department of Youth Development
Suggested Mentee Annual Record of Contacts
Due by January 15 to Department Chair

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

In the chart below, please record all contacts you have had with your assigned mentor that focus on faculty expectations during the current calendar year. These should include, but are not limited to orientation, program development and teaching, feedback on plans of work and reports, and performance feedback. It is not necessary to include all contacts, only those that relate to faculty expectations. Feel free to use additional pages as necessary.

| Date of Contact | Topic Discussed | Outcomes | Contact Method |
|------------------------|--|---|-----------------------|
| <i>Jan. 20, xxxx</i> | <i>Multi-year and annual plans of work</i> | <i>Revised plans based on feedback received</i> | <i>E-mail/phone</i> |
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Mentee's Signature: _____ **Date Submitted:** _____

Documents submitted to Department Chair:

| Due Date | Document | Date Submitted |
|-----------------|------------------------------|-----------------------|
| January 15* | Annual Plan of Work | |
| January 15* | Multi-Year Plan of Work | |
| January 15 | Annual Accomplishment Report | |

* Due within 6 months of employment during the first year