

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

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

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 |