**Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_**

**Describe your plan for communicating regularly. Include frequency and method.**

 **Mentoring SMART Goals** (Specific, Measurable, Attainable, Realistic, Time-Bound)

**1.**

 **2.**

**3.**

**Goal#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Resources available to you now:
2. Resources you need to look for:

|  |  |  |
| --- | --- | --- |
| **What action steps that you should take?** | **Timeline: By when? (Day/Month)** | **How can your mentor help you?** |
| **Step1:** |  |  |
| **Step2:** |  |  |
| **Step3:**  |  |  |
|  |  |  |



###

Office of Career Services
Rollins School of Public Health
Emory University

**Goal#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Resources available to you now:
2. Resources you need to look for:

|  |  |  |
| --- | --- | --- |
| **What action steps that you should take?** | **Timeline: By when? (Day/Month)** | **How can your mentor help you?** |
| **Step1:** |  |  |
| **Step2:** |  |  |
| **Step3:**  |  |  |
|  |  |  |

**Goal#3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Resources available to you now:
2. Resources you need to look for:

|  |  |  |
| --- | --- | --- |
| **What action steps that you should take?** | **Timeline: By when? (Day/Month)** | **How can your mentor help you?** |
| **Step1:** |  |  |
| **Step2:** |  |  |
| **Step3:**  |  |  |
|  |  |  |