

Your Agency Name Here

Individual Growth Plan

Year: _____ Date: _____

Name: _____ Match Date: _____
Mentor: _____ Match Date: _____

A. Areas of Opportunities

1. Spiritual (truths/verses learned, books of the Bible memorized, truth/verses applied i.e. stop lying, anger, gossip, jealousy)
2. School (attendance, grades, etc.)
3. Money (save a specific amount)
4. Sports or Physical fitness
5. Music (write a song, learn/improve on an instrument)
6. Learn a new hobby (fishing, art, cooking, etc.)

B. Mentee's Strategies

Goals	Activities/Actions	Expected Outcomes and Evidence of Completion (<u>must be measurable</u>)	Resources Needed	Timeline
Goal 1:				
Goal 2:				

Mentee's Signature: _____ Mentor's Signature: _____ Staff's Signature: _____
Date: _____ Date: _____ Date: _____

Individual Growth Plan – Mid-Year Review to be completed by (date) _____

Mentee: _____

Year: _____

C. Evidence of Progress Toward Specific Goals to be Addressed/Enhanced

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D. Narrative

<p>Mentee's Comments:</p> <p>Mentee's Signature: _____</p> <p>Date: _____</p>	<p>Mentor's Comments:</p> <p>Mentor's Signature: _____</p> <p>Date: _____</p>	<p>Staff's Comments:</p> <p>Staff's Signature: _____</p> <p>Date: _____</p>
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Individual Growth Plan – End-of-Year Review to be completed by (date) _____

Mentee: _____

Year: _____

E. Evidence of Progress toward Specific Goals to be Addressed/Enhanced

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F. Goal 1 was successfully completed YES NO

Goal 2 was successfully completed YES NO

G. Narrative

<p>Mentee's Comments:</p> <p>Mentee's Signature: _____</p> <p>Date: _____</p>	<p>Mentor's Comments:</p> <p>Mentor's Signature: _____</p> <p>Date: _____</p>	<p>Staff's Comments:</p> <p>Staff's Signature: _____</p> <p>Date: _____</p>
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