## Name of Mentoring Program Individual Growth Plan

Year:			Date:				
Name Mento		Match Date:  Match Date:	<u> </u>				
A.	Areas of 1.	Opportunities Spiritual (truths/verses learned, books of the Bible memory)	orized,				
	2. 3. 4.	truth/verses applied i.e. stop lying, anger, gossip, jealous School (attendance, grades, etc.) Money (save a specific amount) Sports or Physical fitness					
	5. 6.	Music (write a song, learn/improve on an instrument) Learn a new hobby (fishing, art, cooking, etc.)					
В.	Mentee's Strategies						
	Goals	Activities/Actions	Evic	ected Outcomes and lence of Completion (must be surable)	Resources Needed	Timeline	
	Goal 1:		•				
	Goal 2:						
Men	tee's Signature:	Mentor's Signature:		Stafi	f's Signature:		
	Date:	Date:			Date:		

Individual Growth Plan – Mid-Year Review to be completed by (date)								
Mentee: Year:								
c.	<b>Evidence of Progress Toward Specific Goa</b>	ls to be Addressed/Enhanced						
D.								
٠.	Narrative  Mentee's Comments:	Mentor's Comments:	Staff's Comments:					
	Mentee's Signature:	Mentor's Signature:	Staff's Signature:					
	Date:	Date:	Date:					

Individual Growth Plan – End-of-Year Review to be completed by (date)								
Me	entee:		Year:					
Е.	<b>Evidence of Progress toward Specific Goals</b>	to be Addressed/Enhanced						
F.	Goal 1 was successfully completed YES							
	Goal 2 was successfully completed YES	S NO						
G.	Narrative							
	Mentee's Signature:	Mentor's Comments:  Mentor's Signature:	Staff's Comments:  Staff's Signature:					
	Date:	Date:	Date:					