

University at Buffalo
Graduate School of Education Alumni Association Mentoring Program
Mentee Needs Assessment/Goals

Please complete the following based on collaboration between mentor and mentee. The completed form should be sent to the program coordinator by the mentee.

Mentee Name _____

Mentor Name _____

Date _____

CHALLENGES AND CONCERNS

Please list any needs or concerns related to each component.

Collegial Collaboration	Professional - Networking

Resume/Interviewing	Field or Career Specific

Mentoring Goals Bases on Needs Assessment

1. Based on your needs assessment develop 2-3 goals for the UB Mentor Program. What is an area of knowledge or skill you would like to strengthen?
2. Describe the connection between this goal and your professional aspirations.
3. How will you know you have achieved these goals? What will success look like and what evidence could support a positive outcome related to these goals?
4. List some activities you can do with your mentor to help you achieve these goals. Include a tentative time line to help you and your mentor plan for the year.