



CPSD Mentorship Agreement Form

Career Pathways for Students with Disabilities (CPSD)

Mentorship Program



Context

This agreement outlines our mutual goals, responsibilities and expectations and serves as our commitment to this mentoring relationship as part of the Career Pathways for Students with Disabilities (CPSD) program.

Mentee to complete individually.

As a mentee, I agree to:

- Communicate openly with my mentor
- Solicit and accept feedback from my mentor
- Come to each meeting prepared to discuss agreed-upon topics
- Work through my career development goals
- Seek meetings with my mentor as required

Mentee's primary expectations from my mentor:

1. _____
2. _____
3. _____

Mentor to complete individually.

As a mentor, I agree to:

- Provide honest, constructive feedback in a supportive way
- Maintain confidentiality
- Share my experiences, good and bad
- Provide support and suggestions to support my mentee's career development goals
- Come to each meeting prepared to discuss agreed-upon topics
- Seek meetings with my mentee as required

Mentor's primary expectations from my mentee:

1. _____
2. _____
3. _____

Mentee and mentor to complete together.

List the goals you agree to work on together:

1. _____
2. _____
3. _____

Indicate the timelines of the mentorship:

Start on date: _____

End on date: _____

Indicate the frequency of meetings:

Mentoring will take place on a _____ basis (fill in availability – e.g. weekly, bi-weekly, monthly basis, etc.)

Mentoring sessions will take _____ minutes (fill in length of session – e.g. 30 minutes, 45 minutes, etc.)

Names and Signatures:

Mentor Name: _____

Mentor Signature: _____

Mentee Name: _____

Mentee Signature _____