**Employment Opportunity for Students with Disabilities: Mentorship Log**

Mentee Name:

Mentor Name:

Date of Match:

Planned Meeting Frequency:

Competencies to Strive for:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Meeting Number** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Date and Duration of Meeting** |  |  |  |  |  |  |  |  |
| **Items discussed** |  |  |  |  |  |  |  |  |
| **What did I learn?** |  |  |  |  |  |  |  |  |
| **Progress on key leadership competencies** |  |  |  |  |  |  |  |  |
| **Action Items to take** |  |  |  |  |  |  |  |  |
| **How and when completed ​** |  |  |  |  |  |  |  |  |
| **Notes for next meeting​ (items I would like to discuss, etc.)** |  |  |  |  |  |  |  |  |

Source: Health Canada and Public Health Agency of Canada 2022 / Mentorship Plus Program