



ILLINOIS DEAF AND HARD OF HEARING COMMISSION

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MENTORSHIP PLAN

This form must be completed and submitted with the applications. It is recommended for the mentee to complete the plan with input from the mentor. Both the mentor and mentee must sign indicating commitment to the plan.

Mentee Name			
Mentor Name			
Duration	<input type="checkbox"/> 6 months	<input type="checkbox"/> 1 year	Start Date
1. What do you hope to accomplish during the mentorship program?			
2. How will you achieve those goals? (ex: monthly skill building, pre-assignment preparation meetings and debriefing sessions following an interpreting assignment)			

MENTORSHIP PLAN CONTINUED

3. How does the mentor plan to evaluate the mentee?	
4. How frequently does the mentor and mentee plan to meet? Please explain.	
Mentee Signature	Date
Mentor Signature	Date