**IDP CHECK SHEET**

**Mentee:**

Name

Department

Graduate Program

Degree

**Mentor:**

Name

Role (type of mentor - advisor, committee member, personal, career-specific etc.)

Title

Department

Graduate Program

**IDP Meeting date/time**

**IDP template used**

**Items covered**

* Expectations
* Self-Assessment
* Skills
* Work Values
* Accomplishment Inventory
* Objectives – S.M.A.R.T. (Specific, Measurable, Attainable, Relevant, Timely)
* Training timeline
* Wellbeing plan

**Meeting schedule – how often will you meet with your mentor – weekly, bi-weekly, monthly?**

**List one short-term objective discussed and attainment plan**

**List one long-term objective discussed and a general timeline**

**List at least one other mentor besides your primary mentor/advisor**

Name

Role (type of mentor - advisor, committee member, personal, career-specific etc.)

Title

Department

Graduate Program

**Signatures**

By signing this document, I acknowledge that we have met and discussed the topics identified in this form.

**Mentee**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mentor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_