**Administrator Mentoring Cohort**

**MENTOR MONTHLY REFLECTION**

Please complete by the last day of each month. Email completed form to kimberlycaplan@csi.state.co.us

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| **Mentor Name** |  |
| **Mentee Name** |  |
| **Reflection for the Month of** |  |

|  |  |
| --- | --- |
| **Number of contact hours for the month** | **Length of Meeting** |
|  |
| **Was meeting time sufficient this month?** |  |
|  |
| **Meeting schedule for next month****(note any changes in frequency or duration):** |  |

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| **Describe your mentee’s progress toward completion of action steps on the Growth Plan. (Include achievements and areas for improvement).** |
| **What is the focus of your mentee’s work for next month?** |
| **What supports or resources will you need to provide for your mentee to help them implement their plan of action?** |