**Administrator Mentoring Cohort**

**MENTEE MONTHLY REFLECTION**

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

|  |  |
| --- | --- |
| **Mentee Name** |  |
| **Mentor 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):** |  |

|  |
| --- |
| **Describe your progress toward completion of action steps on the Growth Plan. (Also include any of your achievements from the past month that may be unrelated to your Growth Plan).** |
| **What issues were addressed/ brought to light during meetings over the course of this month?**  |
| **What is your course of action before the next meeting (what action steps did you set)?** |