WDA/EAZWV/EAAV Mentoring Programme

Mentoring Sessions Record

Mentor name: _____

Mentee name: _____

Covering the period from: _____ to: _____

Date of session: _____

Location (if f2f) or method (phone, email, Zoom, WhatsApp, Skype, etc.) _____

_____

Topics covered / discussed (brief overview)

_____

_____

_____

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Any action points / follow-up (for Mentor and/or Mentee)

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Any areas of concern? If so, what action to take?

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