Mentor Program Development Form

School Name___________________________________________________________

Mentor Program Contact/Coordinator:
Name___________________________________________________________

Phone_________________________ Email ________________________________

Type of Program:
_____________ Individual (one-to-one)             Afterschool___________
_____________ Group                              Gender Specific (male)_________ (female)_________

How would you describe your mentor program focus? ____________________________
                                                                                      

Will additional training be required to prepare the mentors for your school’s unique
mentor program focus? _____No    _____Yes

If special training is required, what topics or strategies should be included?
                                                                                      

How are students selected? _____________________________________________

How many students will the program serve? _________________________________

Where will mentor sessions take place? _________________________________
                                                                                      

How will the mentor sessions be scheduled? _________________________________
                                                                                      

What support will you provide to mentors? _________________________________

What is your proposed timeline for establishing a mentor program at your school?
                                                                                      