



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?
