**DOE PMCDP Mentoring Program**

**Strategic Action Plan Template**

**Mentor – Protégé Agreement**

This plan proposes to establish a mentoring agreement between *INSERT NAME*, Level *X* FPD, *INSERT SITE OFFICE NAME*, as mentor for *INSERT NAME*, Level *X* FPD, *INSERT SITE OFFICE NAME, as*

*protégé*.

The mentor and protégé agree to participate in this mentoring relationship for a period of \_\_\_\_ months, to begin on \_\_/\_\_/\_\_\_. If a situation occurs which requires rescheduling a meeting, the protégé or mentor agrees to contact the other no less than 24 hours in advance.

Mentoring may address specific leadership competencies, professional development, or other areas of value for the protégé and organization. Other mentoring activities may include identifying plans of action, job shadowing, participating in formal training, and other developmental activities.

All information exchanged between the mentor and protégé will be kept strictly confidential.

Throughout the working relationship the mentor will engage in meaningful and relevant conversations that support professional development and the protégé’s advancement in the PMCDP FPD certification program. The protégé will rely on the mentor to be honest and straightforward in asking questions and making requests. The protégé agrees to be willing to explore, experiment, and follow through on commitments during and between meetings/discussions. The protégé will incorporate feedback and lessons learned into his or her PMCDP Individual Development Plan (IDP). If the protégé or mentor believes the mentoring is not working as desired, he or she will communicate this, and the mentor and protégé will collectively determine how to more effectively re-engage in the mentoring process.

Communication and interactions will include face-to-face meetings, teleconferences, emails, site visits, and participation on project review committees. These interactions will occur at a minimum frequency of once or twice per month. Formal PMCDP or other training courses will be recommended as necessary to meet the requirements for certification and continuing education.

**Establishing Professional Development Goals**

This tool should guide discussions and mentoring activities. These goals can be updated, modified, or deleted as each protégé progresses through the mentoring process. To be most effective, the tool should be utilized early in the mentoring process. The mentor and protégé will use the protégé’s IDP as a guiding document for outlining key developmental goals and strategies in the tables below. This plan will support the protégé’s success in progressing as an FPD. The protégé’s IDP should be updated accordingly to ensure alignment with this document.

**Protégé’s overarching, long-term objective:**

*INSERT 2 – 3 SENTENCES HERE – EXAMPLE GOAL STATEMENT: “It is my mission to improve my management and executive communication skills, and become a Level IV FPD in the next 18 months. This will enable me to be a more effective and prepared DOE FPD.”*

**Short-term professional development goals (3–12 months):**

|  |  |  |
| --- | --- | --- |
| **Developmental Goal** | **Strategy/Solution** | **Status** |
| (e.g. Improve budget formulation skills) | (e.g. Take PMCDP course: *The Federal Budget Process in DOE*) | Completed (11/17/08) |
|  |  |  |
|  |  |  |

**Long-term professional development goals (1–3 years):**

|  |  |  |
| --- | --- | --- |
| **Developmental Goal** | **Strategy/Solution** | **Status** |
| (e.g. Become a better public speaker) | (e.g. Take PMCDP course: *Executive Communications*, shadow mentor at public speaking engagement, and conduct 2 small group presentations) | Class completed (11/19/08); other activities in progress. |
|  |  |  |
|  |  |  |

The cost associated with implementation of this Plan will be the responsibility of the *INSERT NAME*

Project Office.

Our signatures on this agreement indicate full understanding of an agreement with the information outlined above.

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Protégé Name and Title Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Name and Title Signature Date

**Mentoring Strategic Action Plan: Reflection Page** (Required)

*Mentor: INSERT NAME*

Level 3 or 4 FPD*, INSERT SITE OFFICE NAME*

Protégé:

Level 1, 2 or 3 FPD, *INSERT SITE OFFICE NAME*

When requesting CEUs at the conclusion of the formal mentorship program, please submit this document to *INSERT NAME AND CONTACT INFORMATION*. This page provides an opportunity to briefly document mentorship contact hours, outline protégé accomplishments, share lessons learned, and provide feedback to the PMCDP Program Office.

**Total estimated mentorship contact hours (over the phone or in-person):**

*INSERT RESPONSE HERE*

**Protégé accomplishments:**

* *INSERT BULLETED RESPONSE HERE*

**Do you have ideas or best practices we can share with future mentors and protégés that supported your mentoring partnership and/or protégé’s increase success?**

*INSERT RESPONSE HERE*

**Is there anything the PMCDP program office can improve upon or do to further support mentors and protégés in participating and successfully completing the mentoring process?**

*INSERT RESPONSE HERE*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protégé Name and Title Signature Date

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Mentor Name and Title Signature Date