



Early Termination of Mentoring Partnership

(Both Mentor and Mentee should complete a separate form)

Mentorship start date: _____ Date of termination: _____

Mentee Name: _____

Position/Title: _____ Grade: _____ Step: _____

Duty Location: _____ City: _____ State: _____

Mentor Name: _____

Position/Title: _____ Grade: _____ Step: _____

Duty Location: _____ City: _____ State: _____

Date this form submitted: _____

Person completing this form (check one): Mentor Mentee Other (specify): _____

State partnership termination reasons:

State facts/circumstances leading to this termination request:

When did you begin to recognize signs of potential problems?

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How often were there intentional and/or informal mentoring sessions/encounters? Did you meet one-on-one regularly?

Describe the general nature of those meetings (tone of meetings, attitudes, communication levels, etc.)

Describe your relationship with your Mentee/ Mentor (before, during, and after problems).

What suggestions do you feel would have prevented this premature partnership termination/request?

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MENTOR: Would you be willing to host another Mentee in the future? Why?

MENTOR: Do you have suggestions that you feel could improve the program? If so, What?

MENTEE: Would you recommend this Mentorship program and Mentor in the future? Why/Why not?

MENTEE: Do you have suggestions that you feel could improve the program? If so, What?

Please sign: _____ Date: _____

It is really important for the Mentoring Program's continual development and drive for excellence that this form be submitted to Oklahoma Civil Rights Advisory Committee, Attn: David Hungerford, Stillwater Field Service Center, 2600 South Main, Suite C, Stillwater, OK 74074. Please be honest and as complete as possible.

Thanks.