

Erie 1 Mentor/Intern Program

Intern's Plan for Success

Intern: _____ Mentor: _____

Date Prepared: _____ Updates: _____

☐ This applies to year 1 ☐ This applies to year 2

GOALS for _____ (school year)

OBJECTIVES (to accomplish stated goals)

ACTIVITIES (relate each activity to specific objective)

TIMELINE (approximate months in which these activities will occur)

EVALUATION OF PROGRESS

Formative (on-going)

Summative (end of year)

Definition (summary)

Copies: 1- Mentor 2- Intern 3- Mentor Coordinator