
Mentorship Training & Standards

The Chestnut Tree Preschool Inc

Employee Name	
Mentor / Sponsor	
Mentorship Start Date	
Mentorship End Date	



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MENTORING AGREEMENT

PURPOSE

This Mentoring Agreement was created to ensure mentees and mentors develop a mutual understanding of expectations from the beginning of their relationship. Additionally, it creates a series of identifiable benchmarks and goals to work towards and evaluate progress.

This contract will help each mentee/mentor pair:

- Establish communication expectations
- Identify goals for this mentoring relationship
- Outline skill areas to be enhanced or developed through this partnership

As a mentee, I agree to do the following:

1. Meet regularly with my mentor and maintain frequent communication.
2. Look for multiple opportunities and experiences to enhance my learning.
3. Review my progress and adjust my contract as I work towards my identified goals.
4. Maintain confidentiality of our relationship.

As a mentor, I agree to do the following:

1. Serve as a mentor for _____ and provide guidance, oversight, and encouragement.
2. Provide feedback regarding their mentorship contract, progress, and experience
3. Meet in person or communicate regularly with my mentee to review their progress and help them work toward identified goals.
4. Maintain confidentiality of our relationship.

This agreement outlines the goals and expectations agreed upon by the mentor and mentee listed below. Although the thoughtful completion of this form is a requirement, it is understood that items will change and adjust naturally to fit the needs of both parties as the mentoring relationship grows. Current plans are to revisit this document every quarterly to adjust goals and dates given current accomplishments. If at any time during the duration of the mentoring contract one member of the mentoring pair does not feel like the other is able or willing to fulfill the items agreed to above, please contact the Executive Director.

Name of Mentor: _____

Mentor's Signature (may be electronic): _____ Date: _____

Name of Mentor: _____

Mentor's Signature (may be electronic): _____ Date: _____

SECTION 1: BASIC INFORMATION

MENTEE INFORMATION

First, Last Name	
Title	
Childcare Centre	
Email	
Phone	

MENTOR INFORMATION

First, Last Name	
Title	
Childcare Centre	
Email	
Phone	

MENTORING REVISION PLAN:

PLANNED UPDATE	ACTUAL UPDATE	MANTEE SIGNATURE	MENTOR SIGNATURE
MM/DD/YYYY	MM/DD/YYYY		

MENTORING PLAN MEETING AND CONTACT SCHEDULE

Mentor-mentee meeting frequency:
Describe when and how often you plan to meet

Plan for scheduling these meetings (In person? Phone?):
Describe where and how these meeting will take place

SECTION 2: CAREER GOALS

I. LONG TERM CAREER STATEMENT (1 - 2 Paragraphs):

[Paste]

II. SHORT TERM CAREER GOALS (3 - 4 Sentences):

One Year Goal

One Year Goal	
Staff Management & Employment Standards	
Leadership / Role	
Gain Better Knowledge CCEYA	
Conflict Resolution	
Network Meetings & Pedagogy Workshops	

SECTION 3: LONG-TERM SKILL / CAREER DEVELOPMENT PLAN

The Development Plan includes all needs – including increasing skills development in the areas of staff management, conflict resolution, general knowledge of Child Care Early Years Act, Ontario’s Early Years Policy Framework, CCEYA Licensing Manual and Leadership training, building collaborations or any other items that could help prepare mentee to reach their career goals. Additional items can be added throughout the mentoring process.

NEED	ACQUISITION PLAN (date)

Last update: _____

SECTION 4: CAREER DEVELOPMENT PLAN YEAR 2017-2018

I. LEADERSHIP TRAINING & DEVELOPMENT

Presentations, Speakers and Regional Meetings, On the Job Training	Course/Venue/ In-house/Online	Proposed Date	Completed Date
Meeting Name			
Network Meetings and Workshops			
Workshop Name or Retreat			
Publications Resources			
Publication Title Reading Material			

II. STAFF MANAGEMENT & ONTARIO EMPLOYMENT STANDARDS

Presentations, Speakers and Regional Meetings, On the Job Training	Course/Venue/ In-house/Online	Proposed Date	Completed Date
Meeting Name			
Network Meetings and Workshops			
Workshop Name or Retreat			
Publications Resources			
Publication Title Reading Material			

III. CONFLICT RESOLUTION

Presentations, Speakers and Regional Meetings, On the Job Training	Course/Venue/ In-house/Online	Proposed Date	Completed Date
Meeting Name			
Network Meetings and Workshops			
Workshop Name or Retreat			
Publications Resources			
Publication Title Reading Material			

IV. CHILD CARE EARLY YEARS KNOWLEDGE & LICENSING STANDARDS

Presentations, Speakers and Regional Meetings, On the Job Training	Course/Venue/ In-house/Online	Proposed Date	Completed Date
Meeting Name			
Network Meetings and Workshops			
Workshop Name or Retreat			
Publications Resources			
Publication Title Reading Material			

V. ONTARIO'S EARLY YEARS FRAMEWORK

(PROGRAMMING & PEDAGOGY FOR EARLY YEARS)

Presentations, Speakers and Regional Meetings, On the Job Training	Course/Venue/ In-house/Online	Proposed Date	Completed Date
Meeting Name			
Network Meetings and Workshops			
Workshop Name or Retreat			
Publications Resources			
Publication Title Reading Material			

SECTION 5: EVALUATION

I. Quarterly Mentors evaluation of Mentee Progress

Review of mentee's progress towards each of the above outlined milestones will occur quarterly; written evaluation will be prepared by mentor and shared with mentee and with program director.

1st Quarter | Jan 01- Mar 31

Evaluation Date: _____ Evaluation Year: _____

	Meeting Goals	comments
Demonstrated Leadership & Team Building (ie) supporting staff, leading team meetings etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating Staff Management Skill Set (ie) scheduling, child:staff ratios	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating knowledge of Ontario's Employment Standards (ie) staff scheduling payroll, staff breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Managing Conflict Resolution (ie) following protocol and addressing concerns raised by staff, child, parents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating knowledge CCEYA (ie) maintaining compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating knowledge early Years Framework (ie) strong focus on Ontario's pedagogical vision for early years and its 4 key components.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Actively participating in learning & development workshops, seminars and training sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2nd Quarter | Apr 01 - Jun 30

Evaluation Date: _____ Evaluation Year: _____

	Meeting Goals	comments
Demonstrated Leadership & Team Building (ie) supporting staff, leading team meetings etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating Staff Management Skill Set (ie) scheduling, child:staff ratios	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating knowledge of Ontario's Employment Standards (ie) staff scheduling payroll, staff breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Managing Conflict Resolution (ie) following protocol and addressing concerns raised by staff, child, parents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating knowledge CCEYA (ie) maintaining compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating knowledge early Years Framework (ie) strong focus on Ontario's pedagogical vision for early years and its 4 key components.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Actively participating in learning & development workshops, seminars and training sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3rd Quarter | Jul 01 - Sep 30

Evaluation Date: _____ Evaluation Year: _____

	Meeting Goals	comments
Demonstrated Leadership & Team Building (ie) supporting staff, leading team meetings etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating Staff Management Skill Set (ie) scheduling, child:staff ratios	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating knowledge of Ontario's Employment Standards (ie) staff scheduling payroll, staff breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Managing Conflict Resolution (ie) following protocol and addressing concerns raised by staff, child, parents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating knowledge CCEYA (ie) maintaining compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating knowledge early Years Framework (ie) strong focus on Ontario's pedagogical vision for early years and its 4 key components.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Actively participating in learning & development workshops, seminars and training sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4th Quarter | Oct 01 - Dec 31

Evaluation Date: _____ Evaluation Year: _____

	Meeting Goals	comments
Demonstrated Leadership & Team Building (ie) supporting staff, leading team meetings etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating Staff Management Skill Set (ie) scheduling, child:staff ratios	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating knowledge of Ontario's Employment Standards (ie) staff scheduling payroll, staff breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Managing Conflict Resolution (ie) following protocol and addressing concerns raised by staff, child, parents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating knowledge CCEYA (ie) maintaining compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Demonstrating knowledge early Years Framework (ie) strong focus on Ontario's pedagogical vision for early years and its 4 key components.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Actively participating in learning & development workshops, seminars and training sessions	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I. Mentee Self-Assessment

	All of the Time	A great deal of the time	A moderate amount of time	Not very often	Never
I treated my mentor respectfully					
I undertook scheduling meetings as my responsibility					
I met my mentor when scheduled					
If I had to cancel a meeting I gave advance notice					
If I had to cancel a meeting I rescheduled promptly					
I was open in sharing personal experiences and information					
I made clear my expectations concerning confidentiality					
I respected differences in our values and perspectives					
I sought critical feedback					
I collaborated in establishing developmental priorities for partnership					
I was satisfied with the level of trust we achieved					
I did not resist considering alternatives that were out of my comfort zone					
I reflected on lessons learned even from efforts that were not successful					
I reflected on suggested solutions rather than suggesting solutions					
I enabled learning more than I taught					
I offered alternatives to achieve desired professional development					
I was committed to our partnership's success					

II. Evaluation of Mentor

Each mentee will fill out an anonymous evaluation of their mentors on an bi-annual basis; data from multiple mentees will be reviewed and the general principles will be shared with all mentors at regular performance intervals in order to provide constructive feedback while protecting trainee anonymity.

	All of the Time	A great deal of the time	A moderate amount of time	Not very often	Never
Did your mentor make him/herself available to you?					
Did your mentor respond to you in a timely fashion?					
Did your mentor address your concerns?					
Was your mentor flexible?					
Did your mentor treat you respectfully?					
Was your mentor well organized?					
Was your mentor well prepared?					
Did your mentor create a realistic mentoring experience?					
Did your mentor direct you to appropriate resources and reading material?					
Did your mentor direct you to appropriate professionals and organizations?					
Did your mentor direct you to appropriate workshops?					
Do you believe your mentor provided a positive learning experience?					

Comments:

Suggestions:
