NAME: __________________________

INTRO 4380 Advanced Transliterating
MENTORSHIP

NAME OF MENTOR: __________________________ CREDENTIALS __________

Mentor phone #: __________________________ email: __________________________

Mentorship Start Date: ________________ End Date: ________________

GOALS (2-3):

1. 

2. 

3. 

PLAN TO ACCOMPLISH GOALS:

Will Meet (day(s)/week) ________________ Times: ________________

Location(s): __________________________

Activities to Accomplish Goals:

________________________________________

Student Signature __________________________ Date: ________________

Mentor Signature __________________________ Date ________________

Instructor Approval __________________________ Date ________________
SAMPLE

NAME: JANE DOE

INTR 4380 Advanced Transliterating
MENTORSHIP

NAME OF MENTOR: Jane Doe

CREDENTIALS CI/CT

Mentorship Start Date: February 1, 2016
End Date: May 4, 2016

GOALS (2-3):

1. To improve my sign to voice skills by decreasing instances of omission of main points

2. To improve my sign to voice skills by chunking information into more meaningful and fluent units of thought

3.

PLAN TO ACCOMPLISH GOALS:

Will Meet (day(s)/week) every Wednesday Times: 1:00 – 2:30

Location(s): Mentor’s office at 0000 Main Street, Little Rock

Activities to Accomplish Goals:

I will meet with my mentor every week and bring a prepared videotape for my mentor and I to review. She will also observe me in real life interpreting situations during my classroom assignment at UALR. Twice during the semester I will voice a videotape in her office “cold” that I have not seen before. She will give me written and verbal feedback related to my two goals.

Student Signature Jane Doe Date: January 23, 2016
Mentor Signature Ima Terp Date: January 24, 2016
Instructor Approval Linda Stauffer Date: January 25, 2016