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INTRODUCTION

Mentoring is a supportive relationship between a trusted advisor, friend, or peer with the purpose of helping people (and organizations) acquire the awareness and confidence necessary to perform at their highest level. It is a relationship in which a person with greater experience and expertise counsels, teaches and/or guides another person to achieve a goal or sharpen skills.

Mentoring provides an opportunity to build the potential within employees. A formal program creates an opportunity for collaboration and motivates self-development.

Sacramento County Department of Child Support Services is implementing this formal mentoring program to further enhance the competencies of all staff and encourage continued growth.

DEFINITIONS

MENTORING:

Mentoring is a relationship which gives people the opportunity to share their professional and personal skills and experiences, and to grow and develop in the process. Mentoring is not just a procedure or a one-time activity. Mentoring is a professional relationship developed between two people (a mentor and a protégé) with the desired outcome of further developing the competencies of the protégé.

FACILITATED MENTORING:

Facilitated mentoring is a structured series of processes designed to create effective mentoring relationships which guide desired behavior changes, and evaluates the growth of the participants. In a facilitated mentoring process there is typically one mentor to one protégé, and each knows what is expected of the other.

MENTOR:

A mentor is a person who is willing to share their skills and knowledge in order to further the development of others.

PROTÉGÉ:

A protégé is a person who is seeking development in their personal or profession life through a mentor, yet recognizes that the responsibility lies within themselves.

THE BENEFITS OF A MENTORING PROGRAM

A structured mentoring program can provide personal and professional development opportunities to employees, which will also benefit the organization. Following are some of the benefits to the protégé, mentor, and organization.

FOR THE PROTÉGÉ

- Increased skills and knowledge
- Improved understanding of their roles within the organization
- Insight into the culture of the organization
- A learning tool for enhancing competencies
- An opportunity for personal and professional development

FOR THE MENTOR

- Opportunity to share their enthusiasm as an experienced employee
- Satisfaction from contributing to the protégé's development
- Develop deeper awareness of their own behavior
- Improved personal skills in counseling, listening, modeling and leading
- Chance to share relevant life experiences

FOR THE ORGANIZATION

- Improved delivery of services through better informed and skilled staff
- Application of knowledge gained from mentoring
- Mentors and protégés with enhanced people skills
- Promotion of a learning environment where employees are encouraged to develop
- Committed and productive staff

WHAT SHOULD A MENTOR BE?

- A mentor should be a person with greater experience and knowledge
- A mentor should demonstrate between themselves and the protégé
- A mentor should be a person who will appreciate the opportunity to help the protégé develop skills and knowledge, and be able to share knowledge and experience openly and honestly
- A mentor should act as the protégé's consultant and coach. While friendships may develop, it is not a primary goal of the program
- A mentor should support the departments values and behaviors

CHARACTERISTICS AND RESPONSIBILITIES OF THE PROTÉGÉ AND MENTOR

There are certain characteristics and responsibilities desired of a potential mentor and/or protégé. Included in this section are key characteristics and fundamental responsibilities that are necessary for a successful mentor/protégé relationship.

THE PROTÉGÉ

Characteristics

A protégé is:

- Willing to take the lead to ensure continuous forward movement of the program to meet identified goals
- Willing to be committed to the direction and culture of DCSS
- Willing to be committed and involved in DCSS
- Interested in learning new things
- Willing to receive constructive feedback and desires to improve job competency
- Committed to learning and growing professionally, understanding that there are individual styles and approaches in the learning process and that with this process may also come personal growth
- Willing to be "uncomfortable" and "stretch" while learning new things

Responsibilities

A protégé is:

- Responsible for following through on assignments
- Responsible for effective communication with the mentor and seeks clarification when necessary.
- Responsible for participating in evaluating the mentoring experience.

THE MENTOR

Characteristics

A Mentor is:

- A role model who models high values, ethics and professional practices
- A person with greater experience and knowledge
- Someone who demonstrates trust between themselves and the protégé
- A person who will appreciate the opportunity to help the protégé develop skills and knowledge, and be able to share knowledge and experience openly and honestly
- Willing to act as the protégé's consultant and coach. While friendships may develop, it is not a primary goal of the program
- Someone who supports the departments values and behaviors

Responsibilities

A Mentor is:

- Responsible for investing time and effort in the relationship and mentoring process.
- Responsible for meeting with the protégé at agreed upon time intervals
- Responsible for tutoring specific skills, effective behavior, and how to function in the culture of DCSS
- Responsible for providing activities that will add to experience and skill development
- Responsible for providing meaningful opportunities/projects/assignments for the protégé to complete and learn from
- Responsible for giving constructive feedback on observed performance.
- Responsible for assisting the protégé in establishing a network of contacts within, as well as outside the County
- Responsible for serving as an advisor to the protege
- Responsible for assisting the protégé in plotting a career path
- Responsible for participating in evaluating this mentoring experience

The following attributes apply to both the mentor and protégé to ensure a successful mentoring relationship:

- Ability to listen
- Being openminded
- Being committed to the program
- Attend all scheduled meetings

- Ability to be honest and direct. The protégé and mentor must speak up if the relationship or aspects of the mentoring is not working

GUIDELINES

To further ensure the success of a mentoring program, the following guidelines should be practiced:

- Protégé and mentors must obtain approval from their assigned supervisors/managers to participate.
- Participants may not be on probation.
- DCSS grants one hour of County-paid time per week to participants. Each pair may decide how to use this time. Some pairs may meet weekly. Others may decide to “bank” time so they can meet for a longer period of time less frequently. Others may meet less frequently but the protégé may spend time working on projects or practice assignments.
- Time away from work must be scheduled and approved by the supervisor/manager.
- Each pair must enter into a Mentor & Protégé Agreement.
- Learning goals are set by each protégé. This program is designed to provide an expanded level of learning – beyond what you would normally do in your current position. Some protégés may want to learn specific skills that will help current job performance. Others may want to investigate a certain job classification for career planning. Others may want a non-technical type of experience and desire to explore self-development and growth.
- The length of the mentor-protégé partnership will also vary depending on the goals, however, six to twelve month commitment is recommended.
- Problems, conflicts and concerns during the process should be brought to the attention of the mentoring coordinator, if the issues cannot be resolved by the participants.

To be considered for selection as a protégé or mentor within DCSS, please complete the protégé or mentor application.

Sacramento County
Department of Child Support Services
Mentoring Program

PROTÉGÉ APPLICATION

Name: _____ Job Class: _____

Supervisor: _____

Your Work Phone: _____

Work Days and Hours: _____ Lunch Hour: _____

It is important that you complete this form thoroughly. The information will be used by the program coordinator to select participants and to match protégés with mentors. Please attach additional pages if you need more space for your responses.

Briefly describe your work history (include position, titles, and duties):

Current skills and knowledge that you consider your strengths:

List the skills, knowledge, or abilities you would like to develop with a mentor. If more than one, please label them by highest priority.

What outcome do you expect to gain from participation in this Mentoring Program?

What would you define as “success” from this mentoring relationship?

How long do you anticipate working with a mentor on these skills (6, 9, 12 months)?

I am most comfortable learning/communicating by: (check all that apply)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Writing | <input type="checkbox"/> Discussion/talking |
| <input type="checkbox"/> “Hands-on” doing | <input type="checkbox"/> Video | <input type="checkbox"/> Listening |
| <input type="checkbox"/> Receiving Feedback | <input type="checkbox"/> Role-playing | <input type="checkbox"/> Participating |
| <input type="checkbox"/> Observing | <input type="checkbox"/> Other _____ | |

Are there special considerations that should be known about you in determining a “best match” for a mentor? (We cannot guarantee filling your request.)

I understand that the Department of Child Support Services will approve up to one hour per week of time to participate in the departments mentoring program. I understand that supervisor or manager approval is required for participation as a protégé, and for specific time scheduled away for my duties.

Signature: _____ Dated: _____

Supervisor/Mgr. Approval _____ Dated: _____

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Sacramento County
Department of Child Support Services
Mentoring Program

Mentor Application

Name: _____ Job Class: _____

Work Phone: _____

Work Days and Hours: _____ Lunch Hour: _____

It is important that you complete this form thoroughly. The information will be used by the program coordinators to select participants and to match protégés with mentors. Please attach additional pages if you need more space for your responses.

Briefly describe your work history (include position, titles, and duties):

Current skills and knowledge that you consider your strengths that you would like to mentor others in:

List the skills, knowledge, or abilities you would like to share with a protégé. If more than one, please label them by highest priority.

What outcome do you expect to gain from participation in this Mentoring Program?

What would you define as “success” from this mentoring relationship?

How long do you anticipate working with a protégé on these skills (6, 9, 12 months)?

I am most comfortable teaching/communicating by: (check all that apply)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Writing | <input type="checkbox"/> Discussion/talking |
| <input type="checkbox"/> "Hands-on" doing | <input type="checkbox"/> Video | <input type="checkbox"/> Listening |
| <input type="checkbox"/> Receiving Feedback | <input type="checkbox"/> Role-playing | <input type="checkbox"/> Participating |
| <input type="checkbox"/> Observing | <input type="checkbox"/> Other _____ | |

Are there special considerations or other things that should be known about you in determining a "best match" for a protégé? (We cannot guarantee filling your request.)

I understand that the Department of Child Support Services will approve up to one hour per week of time to participate in the departments mentoring program. I understand that supervisor or manager approval is required for participation as a mentor, and for specific time scheduled away for my duties.

Signature: _____ Dated: _____

Supervisor/Mgr. Approval _____ Dated: _____

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Sacramento County
Department of Child Support Services
Mentoring Program

Mentor & Protégé Agreement

We voluntarily agree to enter into a mentoring relationship which we expect to benefit both of us and the Department of Child Support Services. We want this to be a rewarding experience with most of our time together spent in substantive development activities.

Skill areas to be developed _____

Specific role of the mentor (Identify activities to promote growth, i.e.. observe and give feedback, recommend developmental activities, suggest/provide resources, etc.)

Duration of the relationship _____ **Frequency of meetings** _____

_____ **Approximate amount of time per month to be invested by mentor.**

_____ **Approximate amount of time per month to be invested by protégé.**

Please check off each point below as you discuss it.

_____ Confidentiality parameters have been discussed and agreed upon (i.e. personal issues, workplace activities, sharing information with supervisor, etc.)

_____ The protégé will communicate this agreement with his/her supervisor.

_____ We have discussed the mentoring experiences as a further developmental opportunity and its relationship to the policies and procedures of DCSS.

_____ The skill areas to be the focus of this relationship are noted on the individual development plan maintained by the protégé.

_____ We agree to a no-fault conclusion of this relationship if, for any reason, it seems appropriate.

Mentor signature

Date

Protégé signature

Date

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Sacramento County
Department of Child Support Services
Mentoring Program

PROTÉGÉ DEVELOPMENT PLAN

NAME _____

DATE _____

THE DEVELOPMENT PLAN SHOULD IDENTIFY ALL OF THE GOALS THE PROTÉGÉ WANTS TO ACCOMPLISH FROM A SHORT TERM PERSPECTIVE AND POSSIBLY A LONGER TERM PERSPECTIVE. THIS PLAN SHOULD BE USED TO DOCUMENT THESE GOALS AND THEIR HIGH LEVEL TASKS/STEPS THAT MAY BE NEEDED TO ACHIEVE THE GOAL. DETAILS REGARDING THE SPECIFICS OF THE GOALS, ACTION ITEMS AND POTENTIAL OBSTACLES ARE TO BE DOCUMENTED ON THE SMART GOAL WORKSHEET. (ONE SMART GOAL WORKSHEET SHOULD BE USED FOR EACH INDIVIDUAL GOAL.)

SHORT TERM GOALS (WHAT PROTÉGÉ PLANS TO ACCOMPLISH IN NEXT YEAR):

STEPS TO TAKE TO MEET SHORT TERM GOALS (HIGH LEVEL TASKS NECESSARY TO ACHIEVE GOAL):

MENTOR'S SUGGESTIONS/GUIDANCE FOR SHORT TERM GOALS:

MEDIUM TERM GOALS (WHAT PROTÉGÉ PLANS TO ACCOMPLISH IN NEXT YEAR):

STEPS TO TAKE TO MEET MEDIUM TERM GOALS (HIGH LEVEL TASKS NECESSARY TO ACHIEVE GOAL):

MENTOR'S SUGGESTIONS/GUIDANCE FOR MEDIUM TERM GOALS

PROTÉGÉ SIGNATURE _____

MENTOR SIGNATURE _____

DATE _____

SMART GOAL WORKSHEET

TODAY'S DATE: _____ START DATE: _____ DATE ACHIEVED: _____

GOAL: _____

VERIFY THAT YOUR GOAL IS **SMART**

SPECIFIC: *WHAT EXACTLY WILL YOU ACCOMPLISH?*

MEASURABLE: *HOW WILL YOU KNOW WHEN YOU HAVE REACHED THIS GOAL?*

ACHIEVABLE: *IS ACHIEVING THIS GOAL REALISTIC WITH EFFORT AND COMMITMENT? HAVE YOU THE RESOURCES TO ACHIEVE THIS GOAL? IF NOT, HOW WILL YOU GET THEM?*

RELEVANT: *WHY IS THIS GOAL SIGNIFICANT TO YOUR LIFE?*

TIMELY: *WHEN WILL THIS GOAL BE ACHIEVED?*

TAKE ACTION!

POTENTIAL OBSTACLES	POTENTIAL SOLUTIONS

SPECIFIC ACTION STEPS: *WHAT STEPS/TASKS NEED TO BE TAKEN TO GET YOU TO YOUR GOAL? (YOU COULD NEED ONE OR SEVERAL STEPS TO COMPLETE THIS GOAL)*

Action Steps – What do you need to do?	Target Dates	Resources Required	Status/Progress Comments	Completion Date
1.				
2.				
3.				
4.				
5.				
6.				

7.				
8.				
9				
10.				

PROTÉGÉ SIGNATURE _____

MENTOR SIGNATURE _____

DATE _____