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| **Title of Mentoring/Coaching** | | | **Date** | | **Coachee(s)** |
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| **GOAL: (**Learning Goal of Coachee & Organisation**)** | | | | | |
| **REALITY: (**What is current status of Coachee? Barriers To learning? Etc….) | | | | | |
| **OPTIONS: (**What are the available options of learning to achieve the GOAL?) | | | | | |
| **WILL: (**Detail the following steps/activities with timeline – to make it all happen. How will learning be assessed?) | | | | | |
| **Item** | **Timeline**  (Start-Finish) | **Topic**  **(**Brief Title) | | **Description:** Describe the step/activity in detail – how will they learn? Demonstrations/Statements/Workshop/Questions to prompt learning. | |
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Mentor/Coach Notes

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| Post Session: | | |
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| Mentor/Coach Name: | Signature: | Date: |