



# The Houston Neuropsychological Society (HNS)

## Mentorship Program

### **Houston Neuropsychological Society (HNS) Mentorship Program Agreement Form**

#### **PURPOSE OF AGREEMENT**

The HNS Mentorship Agreement form was created to assist mentees and mentors develop and document mutually agreed upon expectations and goals that will serve as the foundation of their mentoring relationship. Each mentee/mentor pair are encouraged to:

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

#### **ESTABLISHING AND TERMINATING THE MENTORING RELATIONSHIP**

Signing the agreement below indicates the mentee/mentor pair are voluntarily entering into a mentorship relationship. The mentee agrees to discuss career goals and experiences for the purpose of shared learning and career enhancement. The mentoring relationship is one of mutual respect. Thus, the mentee/mentor pair agrees to attempt to work through any communication challenges or conflicts that may arise, but understand they are free to terminate the mentoring relationship at any time by contacting the mentorship program coordinator at [houstonneuropsych@gmail.com](mailto:houstonneuropsych@gmail.com). If this occurs, the mentee and/or mentor may not be matched with a different mentor/mentee for the current academic year.

#### **CONFIDENTIALITY**

Confidentiality is critical to developing a trusting mentoring relationship. Thus, the information shared within the relationship will not be used for evaluative purposes outside the context of the HNS Mentorship Program nor shared with current supervisors/instructors. By signing the agreement below, the mentee/mentor pair agrees to maintain the confidentiality of the personal and professional experiences shared in the context of the relationship. While the mentoring relationship is distinct from a therapeutic relationship, it is still existing within a professional context. Therefore, exceptions to confidentiality consistent with TSBEP guidelines will apply.

#### **TIME COMMITMENT/DURATION**

By signing the agreement below, the mentee/mentor pair agrees to meet regularly at mutually agreed upon time (e.g., weekly, bi-weekly, monthly) to begin on or after September 15th, 2021 and to end on June 15th, 2022. The mentee/mentor pair understands that if they wish to continue their formal mentoring relationship through the HNS Mentorship Program, they must sign an updated agreement for the corresponding academic year.



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### EXPECTATIONS

The mentee/mentor pair agrees to collaboratively develop goals and objectives to make their time together productive and meaningful. Below are the basic expectations for mentees and mentors involved in the HNS Mentorship Program:

#### **As a mentee, I agree to do the following:**

1. Meet regularly with my mentor and maintain frequent communication.
2. Review my progress and adjust my contract as I work towards my identified goals.
3. Complete brief mid-block and final evaluations of the mentoring relationship and mentorship program.

#### **As a mentor, I agree to do the following:**

1. Provide guidance, oversight, and encouragement as a mentor.
2. Provide feedback and communicate regularly with my assigned mentee to review their progress and help them work toward identified goals.
3. Complete brief mid-block and final evaluations of the mentoring relationship and mentorship program.

The completion of this agreement is a requirement to be a part of the HNS Mentorship Program. If at any time during the duration of the mentoring agreement 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 HNS Mentorship Program at [houstonneuropsych@gmail.com](mailto:houstonneuropsych@gmail.com).

Name of Mentee: \_\_\_\_\_

Mentee's Signature (may be electronic): \_\_\_\_\_ Date: \_\_\_\_\_

Name of Mentor: \_\_\_\_\_

Mentor's Signature (may be electronic): \_\_\_\_\_ Date: \_\_\_\_\_