

# The Mentoring Effect

## Action Plan

Action plan for the next _____ months				
Your Goal	Action Steps	Complete By (Date)	Obstacles / Solutions	Evaluation

I am committing to these goals, and I will review this Personal Development Plan on a regular basis and update it as necessary.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Development - Marketing - Coaching**

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