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TARLAC STATE UNIVERSITY

OFFICE OF HUMAN RESOURCE DEVELOPMENT & MANAGEMENT

PERFORMANCE MANAGEMENT UNIT

Coaching and Mentoring Form

(To be filled out by the Coach/Mentor)

|  |  |  |  |
| --- | --- | --- | --- |
| **COACHEE/MENTEE:** | | | |
| **COACH/MENTOR:** | | | |
| **DEPARTMENT:** | | | |
| **DATE:** | | | |
| **GOALS** | **ACTIVITIES** | **OUTPUTS/OUTCOME** | **REMARKS** |
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|  |  |  |  |
| **Please indicate the following:** | | | |
| **Long term outcomes of the Coaching and Mentoring Program:** | | | |
| **Suggestions and Recommendations:** | | | |

Signature of Coachee/Mentee Signature of Coach/Mentor

|  |  |  |  |
| --- | --- | --- | --- |
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