

KIPBS Proposed Mentor Action Plan

Name of KIPBS Professional: _____

Address: _____

Phone: _____ Email: _____

Date: _____

Please put a check mark by the activity (or activities) you are proposing to fulfill your 12 donated hours. Each title below is a hyperlink to the documentation form associated with the tasks involved in completing each activity.

Activity	Anticipated Time in Hours
<input type="checkbox"/> Mentor KIPBS Students	
<input type="checkbox"/> Awareness Presentations	
<input type="checkbox"/> Mentor Professionals within an Organization	
<input type="checkbox"/> Revise Inservice Training System	
<input type="checkbox"/> Change Organizational Policies and Procedures	
<input type="checkbox"/> Collaborate with KIPBS Staff on Organization-Wide	
<input type="checkbox"/> Collaborate with KIPBS Staff on State-Wide Planning	
<input type="checkbox"/> Other	

Comments: _____

KIPBS Facilitator Signature: _____

Training Coordinator Signature: _____