

**REVISED DEVELOPMENTAL ACTION PLAN
(D-A-P)**

Quarterly Report

Due Date: _____ **Date Submitted:** _____ **Date Received at ODOT:** _____
(Due by 10th of mo. Following end of Quarter)

Mentor: _____

Protégé: _____

List of objectives:

1. _____
2. _____
3. _____

Objective (s) Focus this Quarter

1. _____
2. _____
3. _____

Number of Direct Contacts between Mentor and Protégé

A. Face-to-face meetings

1 2 3 4 5 or more

Mentor Site and/or Job Site Observations by Protégé

1 2 3 4 5 or more

Mentor Visits to Protégé

1 2 3 4 5 or more

Phone Calls

1 2 3 4 5 or more

Results: Please describe, in detail, how the mentoring process assisted the protégé in moving closer to achievement of the selected objectives.
