

CRIMINAL LAWYERS' ASSOCIATION 189 Queen Street East, Suite 1 Toronto, ON M5A 1S2 Tel: 416-214-9875 Fax: 416-968-6818

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## MENTOR / MENTEE MONTHLY REPORTING FORM

Reporting Period: Day/Month/Year – Day/Month/Year				
Mentor:				
Mentee:				
Topics/Issues Discussed:				
Areas Requiring Follow-up/Action Items:				
Did any ethical/professionalism issues arise this month? (If yes, please specify)				
Did any practice management issues arise this month? (If yes, please specify)				



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## MENTOR / MENTEE MONTHLY REPORTING FORM continued

Mentor			
Other: (Include any feedba had on your practice):	ack you have on mentoring re	lationship as well as any impad	ct the relationship has
Are there any issues within aware of? (all replies will be		ship that the CLA program dir	ector should be
Have you been able to acc	ess your mentor/mentee at tl	ne scheduled times and as nee	eded?
Do either issues require fo	llo up?		