## Topic: Session: One Format: [virtual, phone, in person] Date: Learners/participants: [names and role of mentor or mentee, also identify amount of time each has spent in the field or in OT/OTA school so far, specialty certifications] What in general terms do you expect participants to gain from this session? Learning Objectives for the session: Learning Objective – mentee: Learning Objective – mentor: Summary of the session: Action steps/plan for follow-up:

## Lesson Plan for Continuing Education via Mentoring Session