

EVALUATION FORM
(TO BE COMPLETED BY MENTEE)



Please help us strengthen the Mentoring Program by sharing your input below.

Mentee's Name:

Mentor's Name: *(optional)*

Please place a check mark beside your preferred method(s) for communicating with your mentor.

Email

Phone

Video Conference

In-person

Other *(Please describe):*

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Questions

My mentor was accessible via our agreed upon communication method(s).

Not applicable-0

Strongly Agree-1

Agree-2

Neutral-3

Disagree-4

Strongly Disagree-5

My mentor clearly communicated their expectations.

Not applicable-0

Strongly Agree-1

Agree-2

Neutral-3

Disagree-4

Strongly Disagree-5

My mentor responded well to feedback/requests for assistance.

Not applicable-0

Strongly Agree-1

Agree-2

Neutral-3

Disagree-4

Strongly Disagree-5

My mentor communicated regularly with me.

Not applicable-0

Strongly Agree-1

Agree-2

Neutral-3

Disagree-4

Strongly Disagree-5

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Questions

My mentor helped me develop professionally and/or personally.

Not applicable-0

Strongly Agree-1

Agree-2

Neutral-3

Disagree-4

Strongly Disagree-5

My mentor and I check-in biweekly or at least once a month.

Not applicable-0

Strongly Agree-1

Agree-2

Neutral-3

Disagree-4

Strongly Disagree-5

I believe my mentor and I were a good match.

Not applicable-0

Strongly Agree-1

Agree-2

Neutral-3

Disagree-4

Strongly Disagree-5

Though not required, I anticipate an extended mentoring relationship with my mentor, if they so desire.

Not applicable-0

Strongly Agree-1

Agree-2

Neutral-3

Disagree-4

Strongly Disagree-5

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Open Ended Responses

What was one of the most rewarding aspects of the Mentoring Program?

How can the program be improved?

Would you recommend this mentoring program? If yes, why? If no, why not?