

EVALUATION FORM
(TO BE COMPLETED BY MENTOR)



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

Mentor's Name:

Mentee's Name: *(optional)*

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

Email

Phone

Video Conference

In-person

Other *(Please describe.):*

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Questions

My mentee 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 mentee clearly communicated their needs/expectations.

- Not applicable-0
- Strongly Agree-1
- Agree-2
- Neutral-3
- Disagree-4
- Strongly Disagree-5

My mentee responded well to feedback.

- Not applicable-0
- Strongly Agree-1
- Agree-2
- Neutral-3
- Disagree-4
- Strongly Disagree-5

My mentee 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 mentee took responsibility for their own professional-personal development.

Not applicable-0

Strongly Agree-1

Agree-2

Neutral-3

Disagree-4

Strongly Disagree-5

My mentee 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 mentee 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 mentee, 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?