



## MENTEE FEEDBACK

Date: \_\_\_\_\_

Date of Match: \_\_\_\_\_

Mentee's name: \_\_\_\_\_

Mentor's name: \_\_\_\_\_

### General Program Assessment:

What is your general assessment of the Mentor Program?

Very Successful    Successful    Moderately Successful    Unsuccessful

| Please rate each of the following program components:    | Not Enough | Just Right | Too Much |
|--|------------|------------|----------|
| Information about the program at the recruitment session |            |            |          |
| Information about the mentor                             |            |            |          |
| Mentee training  |            |            |          |
| Regular mentor support                                   |            |            |          |
| Interaction with the program coordinator                 |            |            |          |
| Networking with other mentors & mentees                  |            |            |          |

Do you receive adequate assistance from staff here at our program?

Yes    No   Please Explain:

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**Assessment of Mentoring Interactions:**

How often do you:

|                | Talk by phone | Text | Email |
|----------------|---------------|------|-------|
| Every Day      |               |      |       |
| Every few days |               |      |       |
| Once a week    |               |      |       |
| Twice a month  |               |      |       |
| Once a month   |               |      |       |
| Not at all     |               |      |       |

How often have you been meeting with your mentor?

Weekly    A few times a month    Monthly    Haven't met yet

Tell us about your meetings. What have been the most rewarding aspects about your time together?

What have been the least rewarding aspects about your time together?



| Rate your feelings about your mentoring relationship | To a Great Extent | Somewhat | Not At All |
|--|-------------------|----------|------------|
| I appreciate the guidance of my mentor.              |                   |          |            |
| My mentor listens to me.                             |                   |          |            |
| I feel that I can trust my mentor.                   |                   |          |            |
| I feel that my mentor understands my goals in life.  |                   |          |            |
| My mentor directs me to helpful resources.           |                   |          |            |
| My mentor and I enjoy spending time together.        |                   |          |            |
| I feel satisfied with my mentoring relationship.     |                   |          |            |

Please share any comments to support your ratings from above:

Is there something the program can do to support you (such as training or information, help from the program coordinator in facilitating contacts, etc.)?

Any other thoughts or comments?

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Courtesy of The Maryland Mentoring Partnership, *Vision to Reality Mentoring Program Development Guide*.