



MENTOR 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 mentee			
Mentor training			
Regular mentor support			
Interaction with the program coordinator			
Networking with other mentors			

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

Yes No Please Explain: _____



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 mentee?

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 feel comfortable giving guidance to my mentee.			
I find it easy to be a mentor.			
I have a supportive and trusting relationship with my mentee.			
I feel that I understand my mentee's goals in life.			
I feel capable of directing my mentee to appropriate resources.			
My mentee and I enjoy spending time together.			
I feel effective and satisfied in my role as a mentor.			

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?

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