# Mentor Evaluation Form

# (Completed by the Mentee)

Please provide information and insight regarding the mentoring program you have participated in by indicating a rating value for the following questions related to the year’s activities and the nature of the mentoring process.

Mentee’s Name:

Mentor’s Name:

(Optional)

Year:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Questions** | Strongly Disagree | Disagree | Agree | Strongly Agree |
| My mentor was accessible and available |  |  |  |  |
| My mentor communicated regularly with me. |  |  |  |  |
| My mentor was able to lead me to the correct campus resource to resolve a particular matter. |  |  |  |  |
| My mentor demonstrated a reasonable interest/concern towards me. |  |  |  |  |
| Overall, my mentor was an asset and a benefit to me. |  |  |  |  |
| I feel more certain of my career path as a result of having a mentor. |  |  |  |  |
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## Qualitative Questions:

* 1. What did you gain from your involvement in the program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. What activities/ goals did your mentor assist you with?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. How often did you meet with your mentor?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. What (if anything) are you doing differently as a result of your mentoring experience?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. How could the program be improved?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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