

# Mentor Evaluation

MENTOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Has the mentoring experience been beneficial to you and the student assigned to you?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Explain how: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you feel that the student assigned to you has made the most of the opportunities provided by the mentoring experience? \_\_\_\_\_ Yes \_\_\_\_\_ No

List types of mentoring activities provided during the various sessions. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any suggestions you have to make the mentoring program more successful. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to continue with the mentoring program? \_\_\_\_\_ Yes \_\_\_\_\_ No

***Your participation in the mentoring program is crucial to the program's success and is greatly appreciated.  
Thanks for your help!***