

## Mentor Evaluation

To be completed by mentees

Date of evaluation completion: \_\_\_\_\_

Year of program participation: \_\_\_\_\_

### Mentor

<i>Please use the following scale:</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
My mentor was available for consultation as needed	1	2	3	4
My mentor was willing to share best practices	1	2	3	4
My mentor assisted me in the required mentor – mentee activities	1	2	3	4
I believe that consulting my mentor was a good use of my time	1	2	3	4

**Comments:**

### Program

This program helped me be more successful in my job	1	2	3	4
The required activities were appropriate	1	2	3	4
Overall I believe that participating in this program was a good use of my time	1	2	3	4

**Comments:**

What additional support would you suggest be provided to future mentees?

Please list any mentor – mentee activities you recommend adding or deleting and why.

Would you recommend others to participate in this program as a mentor or mentee? **Yes** **No**  
If you answered no, please explain?

**Due Date:** March 15th  
**Submit To:** WAAE Sectional Vice President

Name: \_\_\_\_\_