

Mentor Program Evaluation- (Youth)

Date: _____

Name: _____

Please answer the following questions and provide comments and suggestions based on your experience. Your honest feedback will assist us with our commitment to continually improve the Mentoring Program.

1. How satisfied were you with the participant pairing process?

Very Satisfied Satisfied Less than Satisfied Dissatisfied

Please provide comments to support your answer: _____

2. Do you feel that the materials provided adequately explained the relationship? Yes No

Please provide suggestions for improvements: _____

3. Please estimate the average number of hours spent working with your mentor each month:

4. Please estimate the average number of contacts you had with your mentor each month

Face to face: _____ **Other contact:** _____

5. Do you feel that your goals/expectations were met? Yes No

Why or why not? _____

6. Do you feel that your mentor's goals/expectations were met? Yes No

Why or why not? _____

7. How satisfied are you that this was an appropriate amount of time for the mentoring relationship?

Very Satisfied Satisfied Less than Satisfied Dissatisfied

If applicable, please suggest a time period that you believe would have been more appropriate: _____

8. Do you believe that the minimum number of contacts required for meeting with your mentor was reasonable and sufficient? I agree I Disagree

If you disagree, please provide suggestions for more appropriate guidelines: _____

9. How satisfied were you that the periodic tracking forms were helpful with monitoring the progress of the relationship?

Very Satisfied Satisfied Less than Satisfied Dissatisfied

Please provide comments to support your answer? _____

10. How satisfied were you that you received adequate support from the Mentoring Coordinator(s)?

Very Satisfied Satisfied Less than Satisfied Dissatisfied

Please explain and provide examples: _____

11. How satisfied were you with the overall experience of participating in a mentoring relationship?

Very Satisfied Satisfied Less than Satisfied Dissatisfied

Please provide comments to support your answer: _____

12. What benefits did you receive from being a youth? _____

13. Would you participate in a mentoring program in the future? Yes No

Why or why not: _____

Please forward the completed form to the address below as recognition of successful completion of the mentoring program:

Enter Mentoring Coordinator: Name
 Address
 City, State, Zip
 E-mail