# **Mentee** – EVALUATION

(To be filled out by the mentee)

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 (mentee name) (mentee school)

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 (mentor name)

1. Was there anything that your mentor covered with you that you feel further review/assistance would be helpful?
2. Was there a specific incident or anything your mentor said or did that made you feel especially successful in your new assignment?
3. What challenges, if any, did you face in the course of being mentored? (e.g. coordinating schedules, time involved, knowledge of topic, etc.)
4. Are there additional trainings that the district could provide that would be particularly helpful for you? (e.g. Discovery, accounting, budgets, QSS, etc.)
5. Is there anything you would like to suggest to improve the Mentor Program?

Mentee’s Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_