

## MENTEE – EVALUATION

(To be filled out by the mentee)

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(mentee name)

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(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: \_\_\_\_\_

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