# **Mentor** – EVALUATION

(To be filled out by the mentor)

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(mentor name) (mentor employee #)

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(mentee name) (mentee school)

1. Was there anything that you covered with your mentee that you feel further review/assistance would be helpful for them?
2. Was there a specific incident or anything in the process of being a mentor that made you feel especially successful in your assignment?
3. What challenges, if any, did you face in the course of mentoring? (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 mentees? (e.g. Discovery, accounting, budgets, QSS, etc.)
5. Is there anything you would like to suggest to improve the Mentor Program?

Mentor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_