

MENTOR – EVALUATION

(To be filled out by the mentor)

(mentor name)

(mentor employee #)

(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: _____
