

**Practice Based Coaching (RHS/EHS)
Mentor Program Evaluation
Director Form**

Name of Mentor(s) (required): _____

Name of Mentee (s) (optional): _____




Delegate/Grantee Op: _____

Please provide feedback regarding your mentoring experience. Your responses will be used to determine the effectiveness of our program and to make improvements or changes where appropriate. Your comments are important to us.

Mentoring Goals:

Please answer all questions using a scale of 1 (strongly disagree) or 5 (strongly agree).	1	2	3	4	5
1. The mentoring program goals were developed with delegate staff input.					
2. The goals and objectives of the mentor program were clearly defined.					
3. We met the goals that were planned.					
4. We felt supported in the mentoring program.					
5. The structure of the mentoring program made it easy to perform my role as a director.					
6. The time commitment for each interaction was just right.					

Mentoring Experience:

Please answer all questions using a scale of 1 (strongly disagree) or 5 (strongly agree).	1	2	3	4	5
1. As a result of this mentoring relationship:					
 We have experienced learning and growth during this process.					
 We feel more part of the grantee.					
 We feel it was worth our time and effort.					
2. Developmental areas were defined and recommendations were made.					
3. This experience increased our effectiveness.					
4. The program worked for us.					
5. The overall experience for this program was positive and realistic.					

Narrative Questions:

1. List positive outcomes that your program encountered through this mentoring experience.
2. List any difficulties or challenges your program encountered through the mentoring experience.
3. What stood out for your program during the mentoring session?
4. Did the mentoring services meet your programs objectives, needs and/or expectations?
5. What can we do to improve?

Would you recommend this program to your colleagues?

- ☐ Yes
- ☐ No
- ☐ Other _____

How would you rate the program overall?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

Thank you for taking time to provide this information. It will help us strengthen our program and provide data to demonstrate the effects of mentoring.