

Practice Based Coaching (RHS/EHS) Mentor Program Evaluation

Mentee Form

(Hot Sheet)
CF/E-35 New 1/16
(Optional)

This form is to be completed by mentee(s). It is used to document mentee's feedback regarding mentoring support received. Responses to this form are used to determine the effectiveness of the mentor program and to make improvements or changes where appropriate to enhance the program.

- Enter date. Write the date of when this form is being completed.
- Enter the Mentor's Name (required). Enter the name of the person who is mentoring.
- Enter the Mentee's Name (optional). Enter the name of the person who is receiving mentoring.
- Enter the name of the Delegate Agency or Grantee Operated Program and the name of the Center.

For each category use a scale of 1 (strongly disagree) to 5 (strongly agree) to rate each strategy

Mentoring Goals: On the provided square to the right of each sentence, use an **X** to mark a number from 1 (strongly disagree) to 5 (strongly agree) that represents the degree to which you feel:

1. Goals were develop with delegate your input.
2. Goals and objectives of the program were clearly defined.
3. We met the goals that were planned.
4. You were supported in the mentoring program by your manager and or administrator.
5. The structure of the mentoring program made it easy to perform your role.
6. The time commitment for each interaction was right.

Mentoring Experience: On the provided square to the right of each sentence, use an **X** to mark a number from 1 (strongly disagree) to 5 (strongly agree) that represents the degree to which you feel:

1. As a result of this relationship:
 - Experienced learning and growth during this process.
 - More part of your organization.
 - It was worth the time and effort
2. Developmental areas were defined and recommendations were made.
3. This experience increased your effectiveness
4. The program worked for you.
5. The overall experience was positive and realistic.

Narrative Questions: On the provided space, **write a narrative or a list** to address the following points:

1. Positive outcomes that you encountered through this mentoring experience.
2. Difficulties or challenges you encountered through this experience.
3. What stood out for you during the mentoring sessions?
4. Did the mentoring services meet your objectives, needs and/or expectations?
5. What do you recommend we can do for improvement of the mentoring program?

Bubble in **Yes**. If you would recommend this program, **No** if you would not recommend it this program, or write in the provided space next to **other** if you have other input about the recommendation of the program. Circle the word Excellent, Very Good, Good, Fair **or** Poor to rate the quality of services the mentoring program provided to you.