

Practice Based Coaching (RHS/EHS) Mentor Program Evaluation

Director Form

(Hot Sheet)
CF/E-36 New 1/16
(Optional)

This form is used to document program director'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 the Mentor's Name. Enter the name of the person who is mentoring.
- Enter the Mentee's Name. Enter the name of the person who is receiving mentoring.
- Enter the name of the Delegate Agency or Grantee Operated Program.

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 staff 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.
5. The structure of the mentoring program made it easy to perform your role as a director.
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 the grantee.
 - It was worth the time and effort
2. Developmental areas were defined and recommendations were made.
3. This experience increased our effectiveness
4. The program worked for you.
5. The overall experience was positive and realistic.

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

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

Answer Yes. If you would recommend this program, No if you would not recommend it 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.