



TOOLS

Mentor Evaluation

Mentor's Name: _____ Title: _____

Company Address: _____

Telephone: () _____ Date: _____

Student's Name: _____

School: _____ **Email:** _____

Has the mentoring experience been beneficial to you and the student assigned to you? Yes No

Explain how. _____

Do you feel that the student assigned to you has made the most of the opportunities provided by the mentoring experience? Yes No

List types of mentoring activities provided during the various sessions. _____

List any suggestions you have to make the mentoring program more successful. _____

Are you willing to continue with the mentoring program? Yes No

***Your participation in the mentoring program
is crucial to the program's success and is greatly appreciated.***

Thanks for your help!