



ASPE Mentoring Program

Mentor Evaluation Form

Thank you very much for taking a few minutes to provide this information. It will help us strengthen our program and provide data to demonstrate the effects of mentoring on mentors and mentees. All the individual data from this survey will be kept confidential.

This form should be returned to the ASPE Mentoring Program: aspementor@aspe.org

Date: _____

Name _____

Name of Mentee: _____

A. Program Assessment

What is your general assessment of the Mentor Program?

Very Successful Successful Moderately Successful Unsuccessful

How satisfied were you with your mentee match?

Very Satisfied Satisfied Dissatisfied

Did you receive adequate assistance from ASPE?

Yes

No Please Explain:

Please rate each of the following program components:	Not Enough	Just Right	Too Much
Information about the program			
Information about the mentee			
Interaction with ASPE's program manager			

What advice do you have to make this program better?

B. Mentoring Experience Assessment

How satisfied were you with your experience as a mentor?

Very Satisfied Satisfied Slightly Satisfied Dissatisfied

How effective do you feel as a mentor?

Very Effective Effective Not Very Effective Not at All Effective

Please indicate the reasons for your feelings:

How did mentoring affect you personally? <i>(please check all applicable responses)</i>	To a Great Extent	Somewhat	Not At All
I learned new things about myself.			
I found it easy to be a mentor.			
I felt more motivated at work.			
I was able to keep up with my work.			

What is the single most important thing you got out of the program?