

Mentor Evaluation Form

(Completed by the Mentee)

Please provide information and insight regarding the Office of Student Services Mentorship Program by indicating a rating value for the following questions related to the past semester's activities and the nature of the mentoring process.

Mentor's Name:

Date:

Mentee's Name:

Session:

Number of MMP meetings attended:

	Questions	Strongly Disagree 1	Disagree 2	Agree 4	Strongly Agree 5
1	My mentor was accessible and available				
2	My mentor communicated regularly with me				
3	My mentor assisted me with my career queries				
4	My mentor assisted me with improving my academic performance				
5	My mentor assisted me with my understanding of the academic routes to achieve my current career goals				
6	My mentor demonstrated a reasonable interest/concern towards me				
7	My mentor's behavior and attitude generally is an example of professionalism				
8	I learned at least one important lesson about College/hospital life in general from my mentor				
9	I learned at least one important lesson about my career or professionalism from my mentor.				
10	I recommend my mentor for future professional or personal development activities.				
11	Overall, my mentor was an asset and a benefit to me.				
12	I anticipate an extended future relationship with my mentor.				

Mentee Signature: _____

Reference: <https://www.cavehill.uwi.edu/home>