

Annual Mentoring Evaluation – Mentor

Date: _____

Location: _____

Mentee: _____

Mentor: _____

DIRECTIONS: This document should be completed by the mentee. This is an evaluation for mentors. Once completed, this form should be shared with your mentoring partner (providing a copy is recommended). All items listed within part 1 should have one box crossed out per line item. Select the answer that best describes your opinion regarding your mentor. All items listed within part 2 may be expressed in your own words and at whatever length you may need to express your thoughts.

Part 1: Survey

N/A	Yes	No	Maybe	Do Not Know	Mentoring Criteria
<input type="checkbox"/>	Was your mentor easy to approach and talk with?				
<input type="checkbox"/>	Did your mentor offer advice and encouragement to you?				
<input type="checkbox"/>	Did the two of you meet regularly?				
<input type="checkbox"/>	Did you receive regular feedback and constructive criticism?				
<input type="checkbox"/>	Did your mentor encourage you to participate in professional activities outside the institution (local, regional, state, national organizations/conferences/presentations)?				
<input type="checkbox"/>	Did your mentor involve you in networking?				
<input type="checkbox"/>	Did your mentor invite you to informal gatherings with people they know/work with?				
<input type="checkbox"/>	Did your mentor act as an advocate on your behalf within the department/program/institution?				
<input type="checkbox"/>	Did your mentor encourage you to participate in activities that would better help you reach and attain your goals (research, organizations, grants, projects, service opportunities, etc.)				
<input type="checkbox"/>	Did your mentor connect you with other professionals who could “fill in the gaps” in areas where you might be less skilled?				
<input type="checkbox"/>	Did your mentor observe you take part in an academic or professional opportunity and provide you with feedback on your performance/execution/skills/work?				
<input type="checkbox"/>	Did your mentor exhibit integrity?				
<input type="checkbox"/>	Did you provide your mentor with any insight in the beginning regarding goals you wanted to accomplish under their guidance and direction?				

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| <input type="checkbox"/> | Were there any guidelines established at the beginning of the relationship defining how often and/or when you would meet on a routine basis? |
| <input type="checkbox"/> | Did the two of you determine guidelines at the beginning of the relationship by which to evaluate the success of your partnership? |
| <input type="checkbox"/> | Did you and your mentor complete the goals that were set? |
| <input type="checkbox"/> | Were you happy with the frequency of meetings? |
| <input type="checkbox"/> | Were you happy with the style of mentoring in your relationship? |
| <input type="checkbox"/> | Did the relationship meet your expectations? |
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Part 2: Personal statements

Your partnership

1. What were two of the most beneficial development activities you did with your mentor?
2. What is the most beneficial change you identified in yourself as a result of your mentorship?

Personal Growth

1. As a result of having a mentor, I've gained the following knowledge, skills, and/or attitudes:
2. Other benefits I've received from this mentoring relationship include:
3. Something I plan to do or have done more of as the result of the relationship:

Our Relationship

1. Ways (if any) this mentoring relationship could be more effective:
 2. Recommendations I'd make to other mentoring relationships in the future:
 3. General comments on the mentoring relationship:
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