

FORM 3- Quarterly Mentoring Evaluation Form

Mentor Name: _____

Mentee Name: _____

Part 1: Survey

Directions: Click one selection box per question which best describes your opinion regarding your Mentee.

	Mentoring Criteria	N/A	YES	NO	MAYBE	DON'T KNOW
1.	Was your mentee <i>easy to approach</i> and talk with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Did/does your mentee consider your advice and accept encouragement from you with respect to his/her goals and objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Did/do the two of you meet regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Did/do you find the meetings productive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did /does your mentee send you an agenda prior to meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Did/do you solicit your mentee's thoughts and opinions when making suggestions or recommendations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Did you help your mentee identify tangible steps to meet your goals and objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Did you connect your mentee with to other professionals who could "fill in the gaps" in areas where you might be less skilled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Did your mentee stay engaged and invested in meeting the relationship objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Were you satisfied with the mentoring relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Did you and your mentee complete the goals planned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Were you happy with the frequency of meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Did the relationship meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is your mentee engaged in SC TRIMH development activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Does your mentee actively share progression on publication and grant writing plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: Your personal statements about your mentee (OPTIONAL).
Directions: Describe using your own words, whatever length you may need to express your answers.

1. Your Partnership

- a. What are/were two of the most beneficial development activities you did/ do?
- b. What is the most beneficial change you identified in yourself as a result of your relationship?

2. Personal Growth

- a. As the result of being a mentor, I've gained the following knowledge, skills, and/or attitude change:
- b. Other benefits I've received from this mentoring relationship:
- c. Something I plan to do or have done more of as the result of the relationship:

3. Our Relationship

- a. Ways, if any, this mentoring partnership could be more effective:
- b. Recommendations I'd make to other mentor-mentee pairs:
- c. General Comments on the mentoring initiative or partnership:

Part 3: Acknowledgement

The content of this report was discussed with the mentee. YES NO

Date

Filled-out forms can be submitted using the button above. If you cannot submit using the button, save your completed form and email this form to laberger@clemson.edu