

Name: _____ License #: _____ Date: _____

ABOUT YOU

1. How did you find out about the Program?

2. What made you want to sign-up for the Program?

3. How long have you been practicing (in any jurisdiction)?

- 0-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-30 years
- 31+ years, please specify _____

4. Have you participated in another mentorship program as a mentor before?

- Yes
- No

5. How did this experience compare?

- Better
- Same
- Worse

Comments:

ABOUT THE PROGRAM

6. Was the orientation helpful in the beginning your mentoring relationship?

- Yes
- No

7. What can this Program do to help make your match more successful?

8. How would you describe the quality of your experience as a participant in the program?

9. Were the mentor program coordinators accessible, easy to talk to and seek advice from when necessary?

- Yes
- No

ABOUT THE MATCH

10. How would you describe your relationship with your mentee?

11. Did you gain personally from this relationship?

- Yes
- No

12. Did you feel adequately prepared to mentor?

- Yes
- No

13. How did you meet?

- Video Conferencing (Skype etc.)
- In-person
- Email
- Phone
- Other, please specify _____

14. Did you follow the original Mentoring Agreement? If not, please explain why.

- Yes
- No

15. How often did you meet?

- Once a month
- Every two months
- Every two weeks
- When necessary
- Other, please specify _____

16. Are/were there any factors that made it difficult to participate?

- Yes
- No

a. If so what are/were those factors?

b. How did you overcome those factors?

17. Do you plan on maintaining a relationship with your mentee?

- Yes
- No

18. Is there anything else you would like to share?

Please return your evaluation to the Program Coordinator (PathsMentorshipProgram@outlook.com).