

Mentee Mid-Year Evaluation

Name:	
Mentor's Name:	
1. How many times have you met with your mentor?	
2. How long were the meetings?	
3. Have you had difficulty scheduling meetings with your mentor?	Yes or No
4. How would you rate your relationship with your mentor? (With 1 being very negative to 5 being very positive)	1 2 3 4 5
5. What topics were discussed? (select all that apply) <input type="checkbox"/> Leadership Skills <input type="checkbox"/> Career Development <input type="checkbox"/> Navigating Workplace Culture <input type="checkbox"/> Networking <input type="checkbox"/> Workplace Engagement <input type="checkbox"/> Work-Life Balance Other please explain:	
6. How impactful is mentoring in helping you set goals from question 5? (With 1 indicating the advice was not very useful 5 indicating it was very useful)	1 2 3 4 5
7. What new knowledge or skills have been gained thus far?	
8. Best thing about having a mentor?	
9. Provide additional comments here:	

Mentee Final Evaluation

Name:	Mentor's Name:
1. Did the training/orientation assist you in understanding your role as a mentee? Yes or No	
2. What information would you add to the training(s)?	
3. Mentoring Program Length Too Long / Too Short / Just About Right	
4. How valuable was your mentoring experience for your career development? (With 1 being not very helpful and 5 being very helpful) 1 2 3 4 5	
5. How many times have you met with your mentor?	
6. Have you had difficulty scheduling meetings with your mentor? Yes or No	
7. How would you rate your relationship with your mentor? (With 1 being very negative to 5 being very positive) 1 2 3 4 5	
8. What topics were discussed? (select all that apply)	
<input type="checkbox"/> Leadership Skills <input type="checkbox"/> Career Development <input type="checkbox"/> Navigating Workplace Culture <input type="checkbox"/> Networking <input type="checkbox"/> Workplace Engagement <input type="checkbox"/> Work-Life Balance Other please explain:	
7. I am more satisfied with my job than before.	Strongly Disagree 1 2 3 4 5 Strongly Agree
8. I feel more socially connected in the workplace than before.	Strongly Disagree 1 2 3 4 5 Strongly Agree
9. I feel more certain of my career path in this organization.	Strongly Disagree 1 2 3 4 5 Strongly Agree
10. I feel more valued in this organization than before.	Strongly Disagree 1 2 3 4 5 Strongly Agree
11. My workplace skills have improved.	Strongly Disagree 1 2 3 4 5 Strongly Agree
12. Would you recommend the program to another employee? Yes or No	
13. Provide additional comments here.	

Mentor Mid-Year Evaluation

Name:	
Mentee's Name:	
1. How many times have you met with your mentee?	
2. How long were the meetings?	
3. Have you had difficulty scheduling meetings with your mentee?	Yes or No
4. How would you rate your relationship with your mentee? (With 1 being very negative to 5 being very positive)	1 2 3 4 5
5. What topics were discussed? (select all that apply) <input type="checkbox"/> Leadership Skills <input type="checkbox"/> Career Development <input type="checkbox"/> Navigating Workplace Culture <input type="checkbox"/> Networking <input type="checkbox"/> Workplace Engagement <input type="checkbox"/> Work-Life Balance Other please explain:	
6. How would you rate your effectiveness in helping your mentee attain their goals from question 5? (1 is not very effective, 5 is very effective)	1 2 3 4 5
7. Provide additional comments here:	

Mentor Final Evaluation

Name:	Mentee's Name:
1. Did the training assist you in understanding your role as a mentor?	Yes or No
2. What information would you add to the training(s)?	
3. Mentoring Program Length	Too Long / Too Short / Just About Right
4. How many meetings did you have with your mentee?	
5. Have you had difficulty scheduling meetings with your mentee?	Yes or No
6. How would you rate your relationship with your mentee? (With 1 being very negative to 5 being very positive)	1 2 3 4 5
7. What topics were discussed? (select all that apply) <input type="checkbox"/> Leadership Skills <input type="checkbox"/> Career Development <input type="checkbox"/> Navigating Workplace Culture <input type="checkbox"/> Networking <input type="checkbox"/> Workplace Engagement <input type="checkbox"/> Work-Life Balance Other please explain:	
8. How would you rate your effectiveness in helping your mentee attain their goals from question 7? (1 is not very effective, 5 is very effective)	1 2 3 4 5
9. Would you recommend the program to another employee?	Yes or No
10. Best thing about being a mentor?	
11. Provide additional comments here.	