

MENTORING PROGRAM FEEDBACK
Somerset County Public Schools

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The purpose of getting feedback about our mentoring program is to find out how things are going from the point of view of each--the mentor and the mentee. Where changes in the program need to be made, every attempt will be made to make improvements. Thank you for your honesty, promptness, and thoroughness in completing this form. Continue on the back of this form, if necessary. **Please complete online at the SCPS web site in Sept, Oct, Nov, Feb and April.**  
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DATE _____

NAME _____

NAME OF MENTOR/MENTEE (Please underline the title, also, which applies.)

HOW WOULD YOU DESCRIBE YOUR MENTORING RELATIONSHIP? _____

LIST ACTIVITIES IN WHICH YOU HAVE PARTICIPATED WITH YOUR MENTOR/MENTEE:

WHAT NEEDS TO BE HAPPENING IN THE PROGRAM, OR IN THE RELATIONSHIP, WHICH CURRENTLY IS NOT HAPPENING?

PLEASE CIRCLE THE APPROPRIATE WORD CHOICES:

Our mentoring relationship is going...

Poorly Fairly Well Great

We have been meeting...

Weekly More often than weekly Less often than weekly

We communicate in other ways by...

Phone Notes Hall meetings Other _____

I would like to discuss this with...

Human Resources Project Manager Project Mentors Other _____
(Leo Lawson) (Sharon Clark) (Charles Simpson, Sharon Clark)

OFFER ANY FURTHER THOUGHTS ABOUT THE MENTORING PROGRAM:

Please return this completed form to Mr. Leo Lawson, Somerset County Board of Education