

HEALTH SERVICES OFFICER MENTORING PROGRAM MENTOR FEEDBACK FORM

MENTOR NAME:
MENTOR DUTY PHONE:
MENTEE NAME:
DATE OF MENTORSHIP:

Did you attend a formal Mentor-training program? ___ Yes ___ No
 If YES, Where: _____
 When: _____

Please respond to the following questions. Your responses will be kept confidential and will be used in the overall evaluation of the Mentoring Program.

1. Have you communicated with your Mentee in your role as Mentor? Yes No (if no, go to # 4)

2. Who initiated the first contact? I made the first contact My Mentee made the first contact

3. How have you communicated with your Mentee via (check each of the media you have used)?

- Telephone:
- E-mail:
- Personal Visit:
- Other:

4. Why have you NOT had contact with your Mentee?
 Waiting for my Mentee to contact me I've tried, but my Mentee has not responded
 Other (please explain): _____

5. On the average, how often do you have contact with your Mentee?
 Initial Contact Only Three or more times per month Once or twice per month
 Once every three months Less than once every three months

6. Has the Mentoring Program met your needs and/or expectations? Yes No

COMMENTS:

7. For Each of the following, please rate their relative importance as Mentor and Mentee matching factors (circle the appropriate code): Code: 0, 1, 3, 5 (with 0 being not important at all and 5 being very important)

Assigned to Same Operating Division	0	1	3	5
Similar Professional Assignments	0	1	3	5
Similar geographic experiences (i.e., HQ versus Field)	0	1	3	5
Assigned within same geographical area	0	1	3	5
Other matching factors which you feel are very important:	0	1	3	5

8. Would you be willing to continue with your current Mentee in the Mentoring Program? Yes No

