

MENTOR EVALUATION FORM (12 Month)

This form is to be **completed by the Mentee** to evaluate the performance of their Mentor and the Mentoring Program.

Mentee's Name:

Mentor's Name:

Please tick the appropriate box to indicate your response.

Your Mentor

Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentor was accessible and available.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentor was easy to approach and talk to.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentor and I were able to communicate effectively.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentor made productive use of our meeting time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentor showed a genuine interest in our Mentoring Relationship.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentor treated me with respect.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentor introduced me to new industry contacts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall my Mentor has been an asset and a benefit to me and my personal/professional development.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentor and I have formed a strong bond.

Your Mentoring Agreement

Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentor and I focused on achieving the goals specified in our Agreement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentor and I have achieved the goals specified in our Agreement.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentor and I met according to the schedule outlined in our Agreement.

The Mentoring Program

Strongly Agree Agree Unsure Disagree Strongly Disagree

The Mentoring Program is meeting my expectations.

I am happy with the administration and support provided by the Concrete Institute.

I would be happy to recommend the Mentoring Program to other Institute Members.

Comments:

Please provide any comments in relation to your Mentor and the Mentoring Relationship:

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Please provide any comments in relation to the Mentoring Program and it's administration:

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Please provide details of any other comments or suggestions to assist in improving the effectiveness of the Mentoring Program:

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Mentee's signature **Date**

Please return your completed Evaluation Form to the Program Coordinator at:

Attn: Mentoring Program Coordinator
Email: member@concreteinstitute.com.au
Fax: 02 9966 1871
Post: Concrete Institute of Australia
PO Box 1227
North Sydney, NSW, 2059