

Name: _____ Company: _____
 E-mail: _____ Phone #: _____

POST MENTORING SELF-ASSESSMENT

1. Please indicate to what extent the Mentoring Program helped in each of the following areas:

	To a great extent	To some extent	To little extent	Not at all
Develop personally				
Develop professionally				
Achieve your goal(s)				
Enhance your current employment				
Increased productivity				
Gained new skill & knowledge				

2. How often did you meet either in person or virtually?

- | | |
|--------------------------|--|
| More than once per month | We have not met in the last two months |
| Once per month | Varies |
| Less than once per month | |

3. Please indicate the effectiveness for each of the program components:

	Extremely Effective	Very Effective	Somewhat Effective	Not at all
Mentor/Protégé matching				
Program introduction				
Networking opportunities				
Expectation and Alignment tools				
Frequently Asked Questions (FAQ's)				
Mentor/Protégé partnership				

4. Were the scheduled meetings honored?

- | | | | |
|--------|-----------|--------|------------|
| Always | Sometimes | Seldom | Not at all |
|--------|-----------|--------|------------|

5. What did you like most about the program and did it meet your expectations?

6. What would you change or improve in the Mentoring Program?