Mentoring Handbook

FORM E (to be completed by Mentor)

**Mentoring Survey**

Please provide information and insight regarding the JRCSD Mentoring Program by indicating a rating value for the following questions. Consider the past semester’s activities and the nature of the mentoring process.

Mentor’s Name: Date: \_\_\_\_\_ Mid-Year \_\_\_\_ End-of-Year

Mentee’s Name:                                                                                    Building:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Strongly  Disagree 1 | Disagree  2 | Agree  3 | Strongly  Agree  4 |
| 1 | My mentee made use of feedback provided throughout the mentoring relationship. |  |  |  |  |
| 2 | My mentee was accessible and available. |  |  |  |  |
| 3 | My mentee communicated regularly with me. |  |  |  |  |
| 4 | My mentee respected my time and professional responsibilities. |  |  |  |  |
| 5 | When areas of need were identified, my mentee worked toward improvement. |  |  |  |  |
| 6 | My mentee took the initiative to communicate with me and ask for assistance in improving performance. |  |  |  |  |
| 7 | My mentee demonstrated interest in our collaborative work. |  |  |  |  |
| 8 | My mentee’s behavior and attitude was professional and courteous. |  |  |  |  |
| 9 | My mentee participated fully in mentoring activities. |  |  |  |  |
| 10 | I anticipate an extended future relationship with my mentee. |  |  |  |  |

Additional Comments:

What recommendations do you have for the Mentoring Program? (use back of sheet if needed)

Mentor Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_