



Quarterly Review: Mentor & Mentee

Quarter:

Mentor:

Mentee:

Quarterly Summary:

- Overall Progress:
- Strengths Observed:
- Areas for Growth:

Goal Review:

<u>Goal</u>	<u>Status</u>	<u>Notes</u>
Goal 1	☐ Met ☐ Partially Met ☐ Not Met	
Goal 2	☐ Met ☐ Partially Met ☐ Not Met	
Goal 3	☐ Met ☐ Partially Met ☐ Not Met	

Next Quarter Priorities:

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Mentorship Program Evaluation

Role: ☐ Mentor ☐ Mentee **Date:**

Program Experience:

Please rate the following:

Item	Excellent	Good	Fair	Poor
Match quality	☐	☐	☐	☐
Communication	☐	☐	☐	☐
Goal support	☐	☐	☐	☐
Resources provided	☐	☐	☐	☐
Overall experience	☐	☐	☐	☐

What aspects of the program were most helpful?

What improvements would you recommend?

Would you participate again?

☐ Yes ☐ No ☐ Maybe