

ARB MENTOR/MENTEE EVALUATION

Mentee Name: _____ Mentor Name: _____

PURPOSE

The purpose of the mentor and mentee meeting together and filling out this form is to determine progress on your goals, to modify and update your goals, and discuss how your mentoring relationship is working. Please use this time for a candid discussion of how things have been going and if there is anything else you need for this experience to be the most productive.

Fill in the goals below from your mentor-mentee contract. Please identify what has been attained & your degree of attainment of each goal. Goals are divided into professional skill goals such as tasks, procedures and skills you are hoping to learn; career goals such as positions or responsibilities you hope to achieve; and interpersonal skill goals such as listening, supervision, handling conflict, etc. Please feel free to put a goal in any of the three categories if they don't seem to fit in one.

PROFESSIONAL SKILLS GOALS

GOAL	DEGREE OF ATTAINMENT TO DATE	MODIFICATIONS/REVISIONS
	<input type="checkbox"/> Completed <input type="checkbox"/> Partially Completed <input type="checkbox"/> Not Attempted	
	<input type="checkbox"/> Completed <input type="checkbox"/> Partially Completed <input type="checkbox"/> Not Attempted	
	<input type="checkbox"/> Completed <input type="checkbox"/> Partially Completed <input type="checkbox"/> Not Attempted	

CAREER GOALS

GOAL	DEGREE OF ATTAINMENT TO DATE	MODIFICATIONS/REVISIONS
	<input type="checkbox"/> Completed <input type="checkbox"/> Partially Completed <input type="checkbox"/> Not Attempted	
	<input type="checkbox"/> Completed <input type="checkbox"/> Partially Completed <input type="checkbox"/> Not Attempted	
	<input type="checkbox"/> Completed <input type="checkbox"/> Partially Completed <input type="checkbox"/> Not Attempted	

INTERPERSONAL SKILLS GOALS

GOAL	DEGREE OF ATTAINMENT TO DATE	MODIFICATIONS/REVISIONS
	<input type="checkbox"/> Completed <input type="checkbox"/> Partially Completed <input type="checkbox"/> Not Attempted	
	<input type="checkbox"/> Completed <input type="checkbox"/> Partially Completed <input type="checkbox"/> Not Attempted	
	<input type="checkbox"/> Completed <input type="checkbox"/> Partially Completed <input type="checkbox"/> Not Attempted	

MENTOR/MENTEE RELATIONSHIP

How many times have you met?

What are the best things about the Mentor/Mentee Program?

What are 2 areas to improve? (No blaming here....just look at how to improve the mentor/mentee process)

ADDITIONAL INFORMATION

Any areas where you would still like help?

Any additional comments, suggestions or concerns?

Thank you very much for spending this time together.

Please return your completed form to Heidi Leveille by Friday, October 24, 2008. The forms will provide important feedback regarding how to improve ARB's Mentor Program. Thank you!