

MENTEE EVALUATION FORM (6 Month)

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

Mentor's Name:

Mentee's Name:

Please tick the appropriate box to indicate your response.

Your Mentee

Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentee was accessible and available.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentee and I were able to communicate effectively.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentee made productive use of our meeting time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentee took the initiative in managing our Mentoring Relationship.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentee treated me with respect and was open to my ideas and suggestions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I was able to introduce my Mentee to new industry contacts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall I feel my Mentee has benefited from my contribution to our relationship.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My Mentee 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 Mentee 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 Mentee 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 Mentee 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.

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

Comments:

Please provide any comments in relation to your Mentee 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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Mentor'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