Mentee Feedback Evaluation Form

Mentor Information

Name of Mentor:		
Date of Evaluation:		
Mentorship Period: From	to	
Mentee Information		
Name of Mentee:		
Department/Field:		
• Role:	<u></u>	

Evaluation Table

Evaluation Criteria	Excellent	Good	Satisfactory	Needs Improvement	Comments
Communica tion Skills	[]	[]	[]	[]	
Goal Setting	[]	[]	[]	[]	
Problem-So Iving Skills	[]	[]	[]	[]	
Feedback Implementa tion	[]	[]	[]	[]	

Overall	[]	[]	[]	[]				
Mentorship								
Impact								
Additional Feedback								
• Strengths:								
Areas for Improvement:								
Approval								
I agree with the feedback provided.								
Signature of Mentor:								
• Signatu	re of Mente	e:						