

American Biological Safety Association

Mentoring Evaluation

Periodic evaluations are an important tool to monitor the progress of any program. From the evaluation, the Mentoring Committee can determine the successes or shortcomings of the program. This will enable the Committee to meet their goal of providing an effective mentoring program that meets the needs of the mentee and the mentor.

Section 1 General Information

Name of Mentor: _____ Name of Mentee: _____

Time Period for the Evaluation: 3 months 6 months 12 months Completion of Project

Mentoring relationship via (circle all that apply) Telephone E-mail On site training

If you were communicating via telephone or e-mail, approximately how often did you contact each other?

1-2x/month 3-4x/month >4x/month

If you had an on-site visit as part of the process, how long did it last? ____ days

Specific topics covered during the mentoring sessions:

Section 2 To be completed by the Mentor

Is the program meeting your expectations? _____

Did you feel it is worth your time and efforts? _____

Have you gained anything from the mentoring relationship? _____

Suggestions to improve the mentoring experience? _____

Section 3 To be completed by the Mentee

Is the program meeting your expectations? _____

How much time are you spending contacting/meeting with your mentor? _____

What have you gained through the mentoring relationship? _____

What would you do to improve the mentoring experience? _____

Would you recommend the program to others? Yes No

If your answer was "NO", would you please elaborate why you felt this was not worth recommending to others?

Your name _____ Date _____

Please return this evaluation to the ABSA Office (fax 847-566-4580), mail (1200 Allanson Road, Mundelein, IL 60060-3808) or to Julie Savage via e-mail (jsavage2@covad.net).

Thank you very much for completing this evaluation. Your comments will be kept confidential and only used to improve the program.