

Final Assessment

(Use 3 Copies: 1-Together, 1-Mentor, 1-Mentee; Turn into NAWIC Chapter Co-Chair)

Date: _____

Mentee: _____ Mentor: _____

List Mentee goals and determine if they goals were met:

Yes/No

List Mentee goals and determine if they goals were met:	Yes/No
_____	_____
_____	_____
_____	_____

Describe if your expectations of the relationship were met, exceeded, or not met.

Answer the following questions about your experience.

How many times a month did you meet? _____ Was it enough? _____

Would you like to be a mentor? _____ Mentee? _____

Do you expect to stay in contact? _____

How would you rate this experience? Successful Valuable Satisfactory No Value

What would you change about this program? _____

Any Additional Comments: _____



Salt Lake City, UT