## St. Clair County Community Mental Health

## **Mentee's Evaluation of Mentor**

This evaluation is to be completed and submitted by the Mentee to Human Resources within one (1) week of completing the Mentoring Program. Mentor Name: \_\_\_\_\_ What development goals were set at the start of the program and how have these been addressed? 2. What actions did the Mentor take to ensure your learning and development during the period of the mentoring agreement and how effective were these? What went well in the mentoring partnership?

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Mer	tee Signature	Print Name	Date
	nk you for taking the time to share your feedbac mentoring impacts both mentors and mentees	ck. Your input is essential for improving our program s. Your responses will be kept anonymous.	and understanding
6.	What personal learning and development have	e you achieved in this experience and how will you us	se it in the future?
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5.	What changes should the Mentor make to ens	ure the success of future mentoring partnerships?	
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4.	What could have improved in the mentoring pa	artnership?	

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