St. Clair County Community Mental Health

Mentor's Evaluation of Mentee

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

HR Form: #06-0845 Revised Date: 9/1/2024 Admin Procedure Ref: #06-002-0045

Mer	ntor Signature	Print Name	Date
	nk you for taking the time to share your feedbac mentorship impacts both mentors and mentee	ck. Your input is essential for improving our programes. 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?
5.	What further development do you recommend	d for the Mentee and how should this be accomplish	ed?
4.	What could have improved in the mentoring pa	artnership?	

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