

SLSHRM Mentor Program EVALUATION FORM

Thank you taking a few minutes to provide this information. It will help us strengthen the program and improve it for future participants. All individual data from this survey will be kept anonymous.

Name of Mentor: _____ Date: _____

Name of Protege: _____

PROGRAM ASSESSMENT

What is your general assessment of the SLSHRM Mentor Program?

Very Successful Successful Moderately Successful Unsuccessful

How satisfied were you with your mentor/protege match?

Very Satisfied Satisfied Dissatisfied

Did you receive adequate assistance/resources from SLSHRM to support your mentor relationship?

Yes No Please Explain: _____

| <i>Please rate each of the following program components:</i> | Not Enough | Just Right | Too Much |
|--|-------------------|-------------------|-----------------|
| Mentor/protege resources | | | |
| Time with mentor/protege | | | |
| Interaction with program manager | | | |
| Networking with other mentors/proteges | | | |

What advice do you have that might improve this experience for others? _____
