Academy For Teacher Excellence Mentor Program Evaluation Form

(To be completed by mentor)

Date: _____

Mentee's name: _____

Mentor's name: _____

Please rate your mentee on each of the following questions. Please check:

1. Did your mentee meet with you a minimum of 10 hours per month?
   ( ) Excellent ( ) Good ( ) Fair ( ) Poor

2. Did your mentee keep scheduled meetings and attend on time?
   ( ) Excellent ( ) Good ( ) Fair ( ) Poor

3. Did your mentee establish measurable and attainable goals and work towards these goals?
   ( ) Excellent ( ) Good ( ) Fair ( ) Poor

4. Did your mentee seek to explore and better understand the field of education?
   ( ) Excellent ( ) Good ( ) Fair ( ) Poor

5. Did your mentee follow through with advice/suggestions you provided to them?
   ( ) Excellent ( ) Good ( ) Fair ( ) Poor

Additional Comments:

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