

Mentor Program Final Evaluation

Date _____ Name _____

Address _____ Phone _____

Mentee name _____

Address _____ Phone _____

Dates of Mentor/Mentee Commitment _____

How was trust built with the mentee/family? Please explain:

Were you able to help the mentee set goals and/or boundaries? Please explain:

Describe positive outcomes that were created during your mentor/mentee relationship:

Please describe any roadblocks you encountered in providing assistance to the mentee:

We welcome your comments and/or suggestions about the Mentor Program:

Would you consider being a mentor again? Yes___ No___ Please explain:

Use the text box only on hardcopy form.

For use by NAMI Franklin County
Date received _____ Staff _____