

### Mentee Program Evaluation

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mentor's name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Mentee/Mentor Commitment \_\_\_\_\_

How was trust built with your mentor?

---

---

---

---

Were you able to set goals and/or boundaries for your loved one? Please explain.

---

---

---

---

---

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

---

---

---

---

---

Describe any roadblocks you encountered during your mentee/mentor relationship.

---

---

---

---

---

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

---

---

---

---

---

Would you consider having a mentor again? Yes\_\_ No\_\_ Please explain.

---

---

---

---

---

For use by NAMI Franklin County
Date received _____ Staff _____