

UM-ST. LOUIS STAFF MENTORING PROGRAM
Protégé Feedback Form

Thank you for participating in the UMSL Mentor program. We would appreciate your help in taking a few moments to complete this form. It will help us strengthen our program and provide information to demonstrate the effects of mentoring on both mentors and protégés. All the individual data from this survey will be kept anonymous.

Protégé Name: _____ **Mentor Name:** _____ **Date:** _____

What is your general assessment of the Mentor Program?

Very Successful Successful Moderately Successful Unsuccessful

How satisfied were you with your mentor match?

Very Satisfied Satisfied Slightly Satisfied Dissatisfied

Number of times you have been in contact with your mentor this month?

via phone via e-mail in person via other method (please describe: _____)

How responsive is your mentor to your calls and requests for information?

Very Responsive Responsive Slightly Responsive Not at All Responsive

How effective is your mentor?

Very Effective Effective Not Very Effective Not at All Effective

Do you feel your time with your mentor has been valuable?

Very Valuable Valuable Not Very Valuable Not at All Valuable

Please indicate the reasons for your feelings:

What is the single most important thing you have gotten out of the program? _____

What has been the most challenging for you? _____

What suggestions do you have for UM-St. Louis regarding this program? _____

Would you like to participate in the Staff Mentoring Program as a mentor? _____

Please return this form by May 27, 2011 in the enclosed envelope. If you have any questions, please contact Karen Cedeck at x5238.