

Evaluation Form for Mentees

Fall Spring Year: _____

Dear Mentees: The Office of Mentoring and Service-Learning (OMSL) would like to know about your experience with our mentor program this semester. Your answers are confidential and will help us see what we are doing well and give us information on what we can improve. Please complete this evaluation and return it to the OMSL in Science 134 or send to mailbox S-49, CCSF, 50 Phelan Ave., San Francisco, CA. 94112.

Student Name: _____ **Student ID#** _____

Course Name and Number: _____

1. Overall, how would you rate your experience with peer-mentoring this semester?

Excellent Satisfactory Unsatisfactory

Additional Comments:

2. How did you benefit from the mentoring experience? Please check all that apply.

AREAS OF BENEFIT

Personal and Social Growth and Development

- A. Increase self-esteem (sense of personal worth or competence) _____
- B. Increase self-motivation, self-discipline, and goal setting _____
- C. Increase openness to new experiences _____
- D. Increase sense of personal power _____
- E. Increase understanding and appreciation of people with diverse backgrounds _____

Academic and Intellectual Development

- F. Understand course material better _____
- G. Improve course grade _____
- H. Stay in the course and not drop _____
- I. Improve communication with course teacher _____
- J. Improve or develop study skills for this course and/or other courses _____
- K. Increase communication skills _____
- L. Increase problem solving and critical thinking skills _____

Additional Comments:

3. If you had an opportunity to be a mentor yourself, would you want to be one?
Why or why not?

4. Any additional comments?
