

# 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 Batmale 366 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:**

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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:**

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

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4. Any additional comments?

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