

Peer-Mentor Grant: Evaluation and Continuation Request

Project Semester: Fall Spring Year: _____

Faculty Name: _____

Project Name: _____

1. Overall, how would you rate the success of your mentoring project this semester?

Excellent Very Good Satisfactory Unsatisfactory

Comments:

2. Quantitative Data:

- How many mentors did you supervise? _____
- How many mentees did you serve? _____
- How many courses/which CRNS did you serve? _____

3. Write a brief summary of the project plan and goals:

4. What were the greatest successes of the project this semester? Did your project meet its stated goals? Describe Learning Outcomes for students, impact on course and/or department. Consider retention, pass rate, grades, basic skill levels attained, completion of certificates, other measures of student success.

5. What was most challenging about your project this semester? Consider your choice of mentors, recruitment of mentees, overall supervision, communication with mentors and mentees.

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6. . In which areas do you think your *mentors* benefited from the mentoring experience?

Please check all that apply.

AREAS OF BENEFIT

Increased:

Personal and Social Growth and Development

- A. Self-esteem (sense of personal worth or competence) _____
- B. Self-understanding (insight into myself) _____
- C. Sense of usefulness (doing something worthwhile) _____
- D. Personal power (belief that I can make a difference) _____
- E. Openness to new experiences _____
- F. Understanding and appreciation of people with diverse backgrounds _____
- G. Skills in caring for others _____

Academic and Intellectual Development

- H. Knowledge of people _____
- I. Higher level thinking skills (critical thinking, problem solving) _____
- J. Application of academic knowledge skills to “real life” problems _____
- K. Skills in learning from experience (asking questions, observing, synthesizing) _____
- L. Communication skills (listening, providing feedback, articulating ideas) _____

(Adapted from All the Difference, Supplemental Guide, Dan Conrad, Minnesota Department of Education)

7. In which areas do you think your *mentees* benefited 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 _____

8. In what ways have you benefited professionally and/or personally by sponsoring this project?

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9. How would you rate the support from the Office of Mentoring and Service-Learning?

Excellent

Very Good

Satisfactory

Unsatisfactory

Comments:

10. Additional comments on the semester?

11. Would you like to continue this project in the coming semester?

Yes

No

a. If no, please briefly explain:

b. If yes, based on your achievements and challenges, please describe and explain any changes you plan to make in the continuing project.

12. . Budget Request:

Previous award (Number of lab aide hours) and actual amount spent:

Requested amount and explanation: Please include Faculty Sponsor grant @ approx. \$40hr non-instructional (15 NI hours for 2nd semester or 10 NI hours for 3rd or more semester) and lab-aide funds @\$9.00 hr (generally, a maximum 250 hours). Please include any explanation for additional funds or funds not previously spent in previous award.

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