Teacher Mentor Program Evaluation Survey  
Mentee Response Form

This Teacher Mentor Program evaluation survey is a tool intended to define important issues regarding the Mentoring Program and suggest areas to improve. It is NOT meant to be an evaluation of individuals but an evaluation of the program.

It is very important that you take the time to complete all sections of the survey. All responses will remain confidential. The overall results will be reviewed by the Professional Development Committee and used to make modifications to the program as necessary.

I. Compatibility

Please use the followings scale to respond to the item below:

1) Unsatisfactory  2) Fair/Inconsistent  3) Good / Meets needs  4) Outstanding/Exceeds needs

How compatible was your mentor/mentee team in these areas:

Certification _____  General Teaching Style _____
Grade level _____  Schedule/Availability _____
Building Assignment _____  Personality/Style _____

What characteristics of the mentor/mentee pairing do you believe to be most important? Why?

Have there been any components of the pairing that were difficult? If so, do you have any suggestions for improvement in this area?

II. Meeting Time

How often were you able to meet?

Was this frequently enough to be valuable to both you and your mentor? If no, what was the barrier?
When were you able to confer? Check all that apply:

_____ Before lunch  _____ After school
_____ Planning periods  _____ Lunch
_____ Weekends  _____ E-mails
_____ Other – as described:

III. Visitations
Did you have the opportunity to visit your mentor’s class to observe? Other teacher’s classes?

If yes, how many times?

IV. Impact
What impact has the Teacher Mentor Program had on you?

Please describe some specific ways in which the mentor assisted you.

What impact do you believe the Teacher Mentor Program has had on your mentor?

List ways that you think the Teacher Mentor Program has met its goal in providing quality support to a new teacher. Please include any suggestions for improvement. Thank you for your feedback!
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I. Compatibility
Please use the followings scale to respond to the item below:
1) Unsatisfactory  2) Fair/Inconsistent  3) Good / Meets needs  4) Outstanding/Exceeds needs

How compatible was your mentor/mentee team in these areas:

Certification ______  General Teaching Style ______
Grade level ______  Schedule/Availability ______
Building Assignment ______  Personality/Style ______

What characteristics of the mentor/mentee pairing do you believe to be most important? Why?

Have there been any components of the pairing that were difficult? If yes, do you have any suggestions for improvements?
II. Meeting Time
How often were you able to meet?

 Were you able to meet frequently enough to be valuable to both you and your mentor? If no, what was the barrier?

When were you able to confer? Check all that apply:
_____Before lunch  _____After school
_____Planning periods  _____Lunch
_____Weekends  _____E-mails
_____Other – as described:

III. Visitations
Did you have the opportunity to 1) visit your mentee’s class to observe? 2) model a lesson in your mentee’s classroom?

 If yes, how many times? If no, what was the barrier?

IV. Impact
What impact do you believe the Teacher Mentor Program has had on your mentee?

Please describe some specific ways in which the mentee assisted or inspired you.

What impact has the Teacher Mentor Program had on you? List ways that you think the Teacher Mentor Program has met its goal in providing quality support to a new teacher. Please include any suggestions for improvement. Thank you for your feedback!