

## Confidential Evaluation of Mentee/Mentor Experience

Complete this form at the end of your mentoring experience. Your mentor will not see this information. Your comments will help us better prepare our mentors to serve our MAPM students. Email the completed form to the MAPM Office: [mapm@andrews.edu](mailto:mapm@andrews.edu)

Today's Date \_\_\_\_\_

Your name \_\_\_\_\_

Mentor's name \_\_\_\_\_

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1. Yes      No      Did you meet with your mentor as agreed upon in Mentoring Agreement form?  
If no, why did you not meet?

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2. What did you find helpful about the way your mentor interacted with you?

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3. What could your mentor have done differently in order to be more helpful?

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4. Is there anything else you'd like to share regarding the experience with your mentor?