

FOR MENTEES

In order to enhance future programs, we request your feedback. Please complete the questions below and return the survey to Donna Rizzio, Mentoring Program Chair, drizzio@htfdorthosurg.com

[KEY: 1: highly unsatisfied, 2: poor, 3: good, 4: very good, 5: extremely satisfied. Please circle one.]

1. What was your overall satisfaction level with the mentor program?

1 2 3 4 5

2. Were you satisfied with your personal growth through this program?

1 2 3 4 5

3. Would you want a Mentor next year?

No Not really Probably Yes

4. Were you satisfied with your Mentor?

1 2 3 4 5

5. Would you have liked to have met with your Mentor more often?

1 2 3 4 5

6. Were you satisfied with the things you learned from your Mentor?

1 2 3 4 5

7. Did you feel comfortable talking to your Mentor program coordinator about your experiences, either good or bad?

No Not really Somewhat Yes

8. Were you satisfied with project outcomes from collaboration with your Mentor?

9. What did you not like about the mentor program?

10. What do you think we should change or do differently next year?

11. Would you be interested in becoming a Mentor?

No Not really Somewhat Yes

12. Were there limitations of the program? Do you have any constructive feedback on how we can further improve?
