

## FOR MENTORS

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. Would you volunteer to serve as a Mentor again next year or in the future?

No    Uncertain    Possibly    Absolutely

3. Did the mentor training session help you prepare for your mentoring experience?

1    2    3    4    5

4. How clearly defined were your mentor responsibilities?

1    2    3    4    5

5. Was your program coordinator accessible and easy to talk to and seek advice from when necessary?

1    2    3    4    5

6. How would you describe your relationship with your Mentee?

1    2    3    4    5

7. Do you think that the time you spent with your Mentee was sufficient?

1    2    3    4    5

8. Do you think that the time you spent together was helpful for your Mentee?

1    2    3    4    5

9. Did you gain personally from this relationship?

No    Yes    Somewhat

10. What was most satisfying about the mentor program?

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11. What was least satisfying about the mentor program?

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12. What would you suggest to improve the mentor program?

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13. How often did you meet with your Mentee?

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

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