Mentoring Evaluation Report

This document will be forwarded to the Participant every three months for completion. It is to be returned to the Mentoring Programme Co-ordinator who will follow-up any matters requiring attention.

Participant Name:

Mentor:

Is this your: (Tick one) ☐ First Evaluation ☐ Second Evaluation ☐ Third Evaluation ☐ Final Evaluation

Please rate the MTA Guild Mentoring Programme by marking **X** *in the column that best describes your experience.*

Question	*Not True At All*	*Not Very True*	*Fairly True*	*Very True*
My Mentor knows me well enough to work with me effectively				
My Mentor helped to clarify issues for me				
My Mentor is prompt for all our sessions				
I trust my Mentor with details we discuss				
I am satisfied with progress I am making through mentoring				
I would recommend the Mentoring Programme to others				
Current business information was reviewed and its relevance discussed				
Targets to measure business development were discussed and identified				

Are there any other suggestions or comments you wish to make?

Signed: _____ Date: / /

Please return to the: Mentoring Programme Co-ordinator, P O Box 9244, Marion Square, Wellington 6011 or Fax: 04 381 4529.