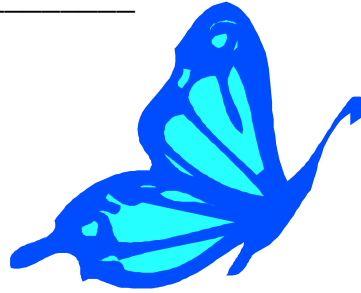


Plainville Mentor Program
Mentee Feedback Form

Student's Name: _____ Grade: _____

Mentor's Name: _____

***Please share your feelings and
ideas about the Mentor Program.***



Please fill in the blanks:

My mentor and I have really enjoyed doing things together like _____

A new activity that I would like to do with my mentor is _____

The one thing I appreciate most about my mentor is _____

My mentor enjoys working with me because I _____

I think the Mentor Program has helped me because I _____

Would you like to continue with your mentor next year? _____

Why or why not? _____