

# ***Plainville Mentor Program***

## **Parent Feedback Form**

Student's Name:

Grade Level:

Classroom Teacher:

Mentor's Name:

Please rate any changes you have noticed in your child, as a result of having a mentor:

	Very Little			A Great Deal
Self-Esteem	1	2	3	4
Attitude Towards School	1	2	3	4
Attendance (If A Problem)	1	2	3	4
Daily Work	1	2	3	4
Academic Performance	1	2	3	4
Other: _____ (Please Specify)	1	2	3	4

In what ways do you feel your child has benefited from having a mentor? \_\_\_\_\_

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How would you rate the overall success of this program for your child?

Very Successful

Somewhat Successful

Successful

Unsuccessful

Additional Comments or Suggestions? \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_