

Plainville Mentor Program

Teacher Feedback Form

Student's Name:

Grade Level:

Classroom Teacher:

Mentor's Name:

Please rate any changes you have noticed in the student 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

Please explain any additional changes you have noticed in the student as a result of having a mentor.

As the classroom teacher, how do you feel we could enhance communication between you and the mentor?

How would you rate the overall success of this program?

Very Successful

Somewhat Successful

Successful

Unsuccessful

What comments or suggestions do you have to improve the program? _____
