

**PLAINVILLE PUBLIC SCHOOLS – Youth Mentor Program**  
**Mentor Feedback Form**

Mentor's Name: \_\_\_\_\_

1. Did you receive adequate assistance/communication to serve as a mentor:

Yes     No    Please explain: \_\_\_\_\_

\_\_\_\_\_

2. What activities/strategies worked best for you? \_\_\_\_\_

\_\_\_\_\_

3. What changes would you suggest to strengthen the program? \_\_\_\_\_

\_\_\_\_\_

4. Would you like to continue in the program next year?

Yes, and I would like the same mentee.

Yes, but with a different student because \_\_\_\_\_

\_\_\_\_\_

No, I will not be continuing as a mentor because \_\_\_\_\_

\_\_\_\_\_

5. In general, being a mentor has made me (check all that are applicable):

Improve my understanding of the school system

More aware of education-related issues

Better able to relate to children

Feel better about myself for impacting, in a positive way, my mentee's life

Increase my own sense of responsibility

More productive when I return to work

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

What topics would you like to see addressed in future workshops: \_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_