

Your Agency Name Here

Youth Mentoring Program

Mentor Evaluation and Training Checklist (to be filled out by Program Staff)

General Information

Mentor Name	Mentee Name
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Mentor Required Documentation

Pre-match Training Evaluation	Basic Mentor Training Date Received	Cross-cultural Training Date Received		
In-service Training Year 1	Required Training Date Received	Date Received	Date Received	Date Received
In-service Training Year 2	Date Received Required Training	Date Received	Date Received	Date Received
Mentoring Outcomes Assessment (Mentor)	Initial Eval	6 month eval	6 month eval (or match closure)	6 month eval (or match closure)