

**Your
Agency
Logo Here**

Your Agency Name Here

Mentor Exit Survey

Office Use Only

Completed By Mentor or Interview

Date Received _____

Received By _____

Thank you for serving as a mentor in the **Your Agency Name** Youth Mentoring Program. Your efforts are greatly appreciated. We are always looking for ways to improve our program and appreciate your feedback. Please complete this form and return it in the enclosed envelope.

General Information

Office Code _____

Your name	Today's date ____/____/____	Name of Match Supervisor
Name of your mentee	How long were you matched with your mentee? ____/____/____	Match ended on ____/____/____

Ratings (Indicate how did you feel about the following)

	Excellent	Above Average	Fair	Poor	Don't know or N/A
1. Overall satisfaction with program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Helpfulness of Match Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Helpfulness of other program staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communication between staff and you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Encouragement by program staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Preparation to be a mentor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ongoing training topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Weekly curriculum / activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Special event activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Meeting location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Narrative (Use back of paper if more space is necessary.)

13. Check what best describes your relationship with your mentee.

a. Very Close Close Not Very Close

b. Very Successful Successful Not Very Successful

14. Please explain your answers::

15. Why is your match ending?

16. Did you receive adequate support and supervision from program staff? <input type="checkbox"/> Yes <input type="checkbox"/> No 17. If not, how else could we have supported you?
18. Was the mentoring program what you expected? If not, why not?
19. What did you like best about the mentoring program?
20. What did you like least about the mentoring program?
21. Were their obstacles to your involvement being effective? <input type="checkbox"/> Yes <input type="checkbox"/> No 22. If yes, what were they?
23. What could we have done to make our program a better experience for you or your mentee?
24. What advice would you give to new/future mentors?
25. Would you like to be re-matched with a new mentee? <input type="checkbox"/> Yes <input type="checkbox"/> No 26. If not, is there anything we could have done to encourage you to remain a mentor?
27. Do you have additional comments for us?

Statement Regarding Future Contact

Your Agency Name supports future contact between a mentor and mentee when all parties, including the parent/guardian are in agreement. If future contact is agreed upon, the **Your Agency Name** Youth Mentoring Program will NOT be responsible for monitoring and supporting the match after the match has ended. **Your Agency Name** is not liable for any incidents that occur after the match has closed.

Please sign that you have read and understand this statement:

_____ Signature

_____ Date