

Your Agency Name Here

Mentee Exit Survey

Office Use Only		
Completed By \square Youth or \square Interview		
Date Received		
Received By		

Thank you for being a mentee in the Your Agency Name Mentoring Program. We hope you enjoyed being a mentee. We are always looking for ways to improve our program and appreciate your feedback. Please complete the following and return in the enclosed envelope.

General Information		Office Code	
Yourname	Today's date		
Name of your mentor	How long were you matched with your mentor?	Match ended on/	
Questions (Use back of paper if more space is necessary.)			
1. Check what best describes your relationship with your mentor.			
a. □ Very Close □ Close □ Not Very Close			
b. □ Very Successful □ Successful □ Not Very Successful			
2. Please explain your answers::			
3. Why is your match ending?			
 4. Do feel like your mentor made a difference in your life? ☐ Yes ☐ No 5. Please explain: 			
 6. Did you get the support that you needed from staff? ☐ Yes 7. If not, how else could we have supported you? 			
	,/		
8. What did you like best about the mentoring program?			
9. What did you like least about the mentoring program?			
10. What could we have done to make our program better for you?			
11. Would you like to be re-matched with a new mentor? ☐ Yes ☐ No			
12. Do you have any other 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 agree that contact is alright. After a match ends, Your Agency Name does not support the match and is NOT responsible for any incidents that occur. Please sign that you have read and understand this statement:			
Mentee Signature	Date		