American Biological Safety Association

Mentoring Evaluation

Periodic evaluations are an important tool to monitor the progress of any program. From the evaluation, the Mentoring Committee can determine the successes or shortcomings of the program. This will enable the Committee to meet their goal of providing an effective mentoring program that meets the needs of the mentee and the mentor.

Section 1  General Information

Name of Mentor: ___________________________ Name of Mentee: ___________________________

Time Period for the Evaluation:  3 months  6 months  12 months  Completion of Project

Mentoring relationship via (circle all that apply)  Telephone  E-mail  On site training

If you were communicating via telephone or e-mail, approximately how often did you contact each other?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1-2x/month</th>
<th>3-4x/month</th>
<th>&gt;4x/month</th>
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If you had an on-site visit as part of the process, how long did it last? _____ days

Specific topics covered during the mentoring sessions:

________________________________________________________________________________________

Section 2  To be completed by the Mentor

Is the program meeting your expectations? ____________________________________________________

Did you feel it is worth your time and efforts? ________________________________________________

Have you gained anything from the mentoring relationship? _______________________________________

Suggestions to improve the mentoring experience? ______________________________________________

________________________________________________________________________________________

Section 3  To be completed by the Mentee

Is the program meeting your expectations? ____________________________________________________

How much time are you spending contacting/meeting with your mentor? ___________________________

What have you gained through the mentoring relationship? _______________________________________

What would you do to improve the mentoring experience? _________________________________________

________________________________________________________________________________________

Would you recommend the program to others? Yes No

If your answer was “NO”, would you please elaborate why you felt this was not worth recommending to others?

________________________________________________________________________________________

Your name ___________________________ Date __________________

Please return this evaluation to the ABSA Office (fax 847-566-4580), mail (1200 Allanson Road, Mundelein, IL 60060-3808) or to Julie Savage via e-mail (jsavage2@covad.net).

Thank you very much for completing this evaluation. Your comments will be kept confidential and only used to improve the program.