

MENTORING WORKSHOP COMPLETION FORM

Name:		Date:	
Address:		Phone #:	
Trade:		Date of Birth:	

In your own words, please describe how you currently see the role of a workplace mentor.

Rate your current comfort level describing workplace mentoring (please circle a number).

1	2	3	4	5	6	7	8	9	10
Low Comfort					High Comfort				

Rate how you currently see the value of workplace mentoring (please circle a number).

1	2	3	4	5	6	7	8	9	10
Low Value					High Value				

Rate your current level of ability to act as a workplace mentor (please circle a number).

1	2	3	4	5	6	7	8	9	10
Low Ability					High Ability				

Rating	Very Good: Exceeds expectations	Satisfactory: Meets expectations	Needs Improvement: Needs improvement in select areas	Unsatisfactory: Requires significant improvement	Comments
Session Content (Information)					
Session Facilitation (Instructors)					
Session Rating (Overall)					

What did you LEARN - What are your take home messages from this session?

What did you MOST like about this session?

What did you LEAST like about this session?

Is there ANYTHING ELSE you would like the session to have covered?



Other Comments / Feedback / Suggestions (Please continue on the back)