**Year-end Rating Sheet**

Mentor/Protégé name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a scale of 1 to 5, with 5 indicating “strongly agree” and 1 indicating

“strongly disagree,” please indicate your degree of satisfaction with the

following aspects of your mentoring relationship:

**Rating 1 – 5**

|  |  |
| --- | --- |
| Program met my expectations |  |
| Developmental goals and objectives were accomplished |  |
| Mentoring relationship will continue on an informal basis at official end of program |  |
| Meetings were held regularly throughout the year |  |
| Topics defined for discussion were covered during the program |  |
| Program was worthwhile |  |
| Would recommend program to colleagues |  |
| Learned a great deal from  mentor  protégé |  |
| (Indicate person being evaluated) |  |
| Allowed to devote the time necessary to the program |  |
| Additional comments: |