



Mentoring Program Quarterly Program Evaluation

Local Coordinator: Please fill out this form on the last business day of March, June, September, and December and then forward it to the Mentoring Program Coordinator for review.

Facility/Department/Bureau Name: _____

Check one: 1st 2nd 3rd 4th Quarter Review Date Completed: _____

Number of mentor applications submitted this quarter: _____

Number of mentee applications submitted this quarter: _____

Number of mentor/mentee matches made this quarter: _____

Number of mentor/mentee exchange plans submitted this quarter: _____

Number of mentor/mentee matches dissolved this quarter: _____

By mentor: _____ By mentee: _____ By other: _____

Please state reason(s):

Number of successful program completions this quarter: _____

Number of certificates of completion awarded this quarter: _____

Issues to be addressed:

Suggestions for changes:

Local Coordinator Signature

Printed Name