



Mentor/Mentee Survey

DIRECTIONS: Please use this form to review your experience with your mentor/mentee; once completed, share your feedback with your mentor/mentee. It would be good to meet with your mentor/mentee to discuss your experience and decide on next steps. The OPMAB welcomes you to share your completed survey with them to support continuous improvement of the mentorship program.

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| Your role in the mentor/mentee relationship: <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee |
| Activities/interactions we have implemented: |
| In meeting with my mentor/mentee, I have gained/sharpened the following knowledge and/or skills: |
| I have shared the following knowledge/skills with my mentor/mentee: |
| The following are other benefits I am gaining from the mentor/mentee relationship: |
| The following are ways in which the relationship with my mentor/mentee or participation in the program could be more effective: |
| Suggestions I would share with new mentor/mentee pairs: |
| Any other comments: |

Mentor

Mentee

Date

Date