



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.

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