

# WISE Mentoring Satisfaction Survey

The goal of this survey is to help increase the effectiveness of our mentoring program

The results of the WISE Mentoring Satisfaction Survey are confidential to the WISE Mentoring Committee. Please reflect on each question and answer/comment on your perception of the program. Please check the box (double-click and select option) that matches your response the closest and feel free to comment on the question in the space provided. Once complete, please email to **<fill in the email address>**

| #   |  | Strongly Agree           | Agree                    | Neutral                  | Disagree                 | Strongly Disagree        |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.  | The mentoring relationship I am participating in exceeds (or has exceeded) my expectations.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Please Comment:  |                          |                          |                          |                          |                          |
| 2.  | I look forward to meeting with or talking with my Mentor/Mentee.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Please Comment:  |                          |                          |                          |                          |                          |
| 3.  | I have grown personally or professionally as a result of my participation in this mentoring experience.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Please Comment:  |                          |                          |                          |                          |                          |
| 4.  | I have a better appreciation for some aspects of the business environment as a result of my participation in this mentoring experience.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Please Comment:  |                          |                          |                          |                          |                          |
| 5.  | I would volunteer again as a Mentor or Mentee.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Please Comment:  |                          |                          |                          |                          |                          |
| 6.  | I feel the program is helping me enhance the skills I am targeting.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Please Comment:  |                          |                          |                          |                          |                          |
| 7.  | I feel the program is helping me achieve my career goals.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Please Comment:  |                          |                          |                          |                          |                          |
| 8.  | The information provided at the kickoff meeting and introduction to my mentor helped set my expectations about the value of the mentoring program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Please Comment:  |                          |                          |                          |                          |                          |
| 9.  | The information provided on the mentoring web site is helpful.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Please Comment:  |                          |                          |                          |                          |                          |
| 10. | I would recommend this program to others.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Please Comment:  |                          |                          |                          |                          |                          |
| 11. | If you could modify the program and/or the mentoring relationship to improve its effectiveness, what would you do?                                 |                          |                          |                          |                          |                          |

|  |  |
|--|--|
| <b>Your Name:</b>                      |  |
| <b>Today's Date:</b>                   |  |
| <b>Number of Sessions<br/>To-Date:</b> |  |
| <b>Your Mentor / Mentee Pairing</b>    |  |
| <b>Mentor's Name:</b>                  |  |
| <b>Mentee's Name:</b>                  |  |

Thanks for your responses and your commitment to the Mentoring process.

The WISE Mentoring Committee