Monthly Progress & Satisfaction Review

Mentee Name

_____

Mentor Name

_____

Review Period

_____

Date

_____

PROGRESS REVIEW

Have clear goals been defined?	☐ Yes ☐ Partly ☐ No
Have I made progress toward my goals?	☐ Yes ☐ Partly ☐ No
Are my goals still relevant?	☐ Yes ☐ Partly ☐ No

Comments: _____

_____

_____

ENGAGEMENT

I participate actively in mentoring sessions.	☐ Yes ☐ Partly ☐ No
Sessions take place regularly.	☐ Yes ☐ Partly ☐ No

RELATIONSHIP QUALITY

There is trust between mentor and mentee.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree
Communication is open and honest.	☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree

BARRIERS

Are there challenges affecting participation?	☐ Yes ☐ No

If yes, please describe:

_____

SATISFACTION RATING (1-5)

Area	Rating (1-5)
Usefulness of Sessions	___
Comfort Level	___
Relevance of Support	___
Communication	___
Overall Satisfaction	___

ADJUSTMENTS NEEDED

☐ Change of Approach

☐ Additional Resources

☐ Flexible Scheduling

☐ Different Topics

☐ Other

Comments: