

Mentee feedback

Please answer the following questions and comment on the relevant statements. The questionnaire is anonymous and aggregated across the company to statistically evaluate the program's effectiveness. Your feedback is important to us.

1. Was this your first mentoring experience?

YES

NO

2. How did you find your mentoring meetings?

EXTREMELY HELPFUL

VERY HELPFUL

HELPFUL

NOT PARTICULARLY HELPFUL

NOT HELPFUL AT ALL

3. How many sessions did you have with your mentor?

LESS THAN 5

5- 7

MORE THAN 7

4. How did you most often have a meeting with your mentor?

PHONE

VIDEO

FACE TO FACE

5. How valuable and informative was the mentee training, exposure to tools and frameworks and extra workshops

EXTREMELY HELPFUL

VERY HELPFUL

HELPFUL

NOT PARTICULARLY HELPFUL

NOT HELPFUL AT ALL

6. How many of your individual goals, professional or personal, did you achieve?

LESS THAN 5

5 -10

MORE THAN 10

7. To what extent do you agree with the following statements?

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
1. I have benefitted considerably by having a mentor in this program					
2. My mentor listened well, and provided creative counsel					
3. We used some of the tools and frameworks from the workshops					
4. I am likely to recommend this program to a colleague					
5. I have developed new skills & perspectives					
6. I would like to continue developing with another mentor					
7. I would aspire to be a mentor in the future					
8. I hope to remain in contact with my mentor					

8. Please tick the areas that you focused on during the program

☐ 1. Growth mindset	☐ 11. Self-compassion
☐ 2. Well-being	☐ 12. Conflict resolution
☐ 3. Stakeholder relationships	☐ 13. Team working skills
☐ 4. Strengths-awareness	☐ 14. Giving and receiving feedback
☐ 5. Self-awareness	☐ 15. Accountability
☐ 6. Delegation skills	☐ 16. Self-motivation
☐ 7. Communication skills	☐ 17. Collaboration
☐ 8. Leadership skills	☐ 18. Self-confidence
☐ 9. Career planning	☐ 19. Work life balance
☐ 10. Influencing others	☐ 20. Other (specify)...

9. What did you learn from your shadow experience with your mentor

10. Any other feedback, comments & observations about the program