Quarterly Mentor/Mentee Feedback Form

1. What is going well in the mentor-mentee relationship? What is working? What are the benefits?

2. What challenges have you confronted in the mentor-mentee relationship? What barriers exist? What is not working well?

3. What recommendations do you have for strengthening or improving the mentor-mentee program? Any mid-course corrections we should make?

4. General feedback: any other ideas, comments or suggestions?
Name of Mentor: __________________________ Name of Mentee: __________________________

Thanks! Please complete and return this quarterly feedback form at the end of September, December, March and June to:

Chair, Board of Trustees Governance Committee
Sierra Vista Regional Health Center

*AHA’s Center for Healthcare Governance would like to thank Sierra Vista Regional Health Center and its Board of Trustees for sharing this sample mentoring feedback form.