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 September, December, March and June to | | |
| Chair, Board of Trustees Governance Committee Sierra Vista Regional Health Center | | |
| AHA's Center for Healthcare Governance v | vould like to thank Sierra Vista Regional | |

Health Center and its Board of Trustees for sharing this sample mentoring feedback

form.