



RAA Mentorship Program – Mentor Verification & Evaluation of Mentee

(9/2013)

Beginning and Ending Dates of Mentorship Program:

Total # of Mentorship Hours:

Location:

Mentor’s Name:

Mentee’s Name:

Please rate the effectiveness of this Mentee’s participation in the activity.

5=Excellent 4=Very good 3=Good 2=Fair 1=Poor

Please rate the following:	5	4	3	2	1
Please rate the Mentee’s interest level in the learning activities.					
Please rate the Mentee’s level of participation in the learning activities.					
Please rate the Mentee’s responsiveness to your questions and instructions.					
Please rate the Mentee’s grasp of the subject matter taught.					
Please rate how well you think the Mentee positively represents the reflexology profession.					

Do you verify that the Mentee has successfully completed the learning objectives of the Mentorship Program as outlined in the Activity Plan attached and is entitled to full credit for the total hours listed above? Yes _____ No _____

What did *you* learn from participating in the Mentoring Program?

Please describe how you might do things differently if you were to mentor another colleague.

Would you recommend a Mentorship Program to others?

Any further comments?

Signature: _____ Date: _____