**Mentorship Program – Midpoint Check-In Survey**

1. What is your name? – *Open box*
2. What is your agency? – *Drop-Down*
3. How likely is it that you would recommend the mentorship program to a friend or colleague? – *Sale of 1 (Not at all likely) through 10 (Extremely Likely)*
4. Please rate the usefulness of the following – *Matrix*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Didn’t Use** | **Used – Not Useful** | **Used – Useful** | **Used – Very Useful** |
| **Mentorship Guide** |  |  |  |  |
| **Monthly Communications** |  |  |  |  |
| **Individual Development Plan (IDP)** |  |  |  |  |
| **Skills Assessment** |  |  |  |  |
| **Feedback Resources** |  |  |  |  |
| **Clifton Strengths** |  |  |  |  |
| **Mentor Development Discussion** |  |  |  |  |
| **Mentee Development Discussion** |  |  |  |  |

**Program Goal 1: Leadership Development**

1. Have you grown as a leader since the start of the mentorship program?
	* Yes
	* No
2. In what ways have you grown as a leader? – *Open box*

**Program Goal 2: Equity and Inclusion**

1. Do you feel that the mentorship program has effectively promoted equity and inclusion?
	* Yes
	* No
2. Share an example where the mentorship program did/did not contribute to a more equitable and inclusive environment for you and/or others. – *Open box*

**Program Goal 3: Organizational Learning (Socialization, Collaboration, and Learning)**

1. How would you rate the level of connection you’ve made though the mentorship program? – *Matrix*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Low** | **Medium** | **High** | **N/A** |
| **Personal** |  |  |  |  |
| **Professional** |  |  |  |  |

1. How are these connections benefiting your social, collaborative, and/or learning goals? - *Open Box*