**Mentorship Program – Monthly Check-In**

\* = Required

\*1. Your Name

\*2. Did you meet with your mentor or mentee(s) last month? *Note, this does not include participant gatherings hosted by Organizational Development.*

* Yes, we met
* No, but we have a meeting scheduled this month
* No, and we do not have a meeting on our schedules
* Other *– (Please specify)*

3. How satisfied are you with your mentoring relationships so far?

* Very satisfied
* Satisfied
* Dissatisfied
* Very dissatisfied
* Unsure or too soon to say

4. How satisfied are you with our implementation of the mentorship program so far?

* Very satisfied
* Satisfied
* Dissatisfied
* Very dissatisfied
* Unsure or too soon to say

5. What (if anything) can we do to improve your experience in this program? – *Open box*