



Mentee Evaluation Form

(Please complete at the end of the program and fax/send the completed evaluation to the ISBA. This is a requirement of completing your APC Credits successfully)

All responses are confidential

Please rate how well you have benefitted from the Mentor Match Program to date

5	4	3	2	1
Excellent	Very Good	Average	Below Average	Poor

Please tell us how you have benefited from the Mentor Match Program. Check as many as you wish.

- I developed a positive working relationship with my mentor.
- I developed positive working relationships with other attorneys in the program.
- I hope to maintain my relationship with my mentor.
- The materials were helpful to my professional development.
- The program provided information not taught in law school.
- I would recommend the program to other lawyers (new or established)
- The experience was positive.
- The program will help me a better lawyer.
- The program increased my knowledge of local practices and legal customs.
- The program increased my knowledge of where to turn when I need help.
- The program increased my satisfaction with having chosen to be a lawyer.
- Other (please provide as much feedback as you wish)

What were the biggest challenges to your participating in the program?

- Finding time to fit it into my busy schedule.

- Coordinating schedules with my mentor.
- Developing a relationship with my mentor.
- Availability of my mentor.
- My employer did not support my participation in the program.
- Other (Please provide as much feedback as you wish)

Please provide us with useful information about your mentor match.

- I wish my mentor had been from my law firm/company.
- I wish my mentor had not been from my law firm/company.
- The mentor match system worked well for me.
- The mentor match system did not worked well for me.
- Other (Please provide as much feedback as you wish)

Did you and your mentor meet outside the quarterly meetings?

- Yes No

If so, how often? _____

Please provide us with ideas for improving the program.

Name: _____

Attorney Number: _____

Please return to: Mentor Match Program
Indiana State Bar Association
One Indiana Square, Suite 530
Indianapolis, Indiana 46204
Fax:(317)266-2588 or
email to the PLEADs liaison.