Mentee Evaluation Form

(Please complete at the end of the program and fax/send the competed 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

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<td>5</td>
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<td>Excellent</td>
<td>Very Good</td>
<td>Average</td>
<td>Below Average</td>
<td>Poor</td>
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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)

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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)

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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)

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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.