



Mentor 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 CLE/Ethics 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 mentee.
 - I hope to maintain my relationship with my mentee.
 - 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 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 mentee.
- Developing a relationship with my mentee.

___ Availability of my mentee.

___ My law firm/employer did not support 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 mentee had been from my law firm/company.

___ I wish my mentee 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 mentee 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
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Indianapolis, Indiana 46204
Fax:(317)266-2588 or email
to the PLEADs liaison