

**NAC Mentorship Program  
 Evaluation Form**

**Mentor:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Form completed by:** \_\_\_\_\_  
**Mentee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Month	Date of Meeting	Quality of the Meetings (5- most beneficial to 1- least)		Evaluation of Goals and Outcomes after month 4: (Goal Outcomes: U=unmet; P=progressing; M=met)		Personal observations with recommendations: (noted successes, challenges, concerns, etc.)
		Rating	Rationale for rating	List Goals (1- per box)	Outcomes	
2						
4						
6						
8						
10						
12						

**Suggestions:** After establishment of mentor/mentee pair, evaluate every 2 months. **Please fill out one form for mentor and one form for mentee.**

Send to NAC Director at [info@neactioncoalition.org](mailto:info@neactioncoalition.org), Regional Leadership Co-Chair, or NONL representative (will provide contact information). Follow-up with mentor/mentee together or separately using evaluation every 2 months via phone or email.