

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_

## ABOUT YOU

1. How did you find out about the Program?

2. What made you want to sign-up for the Program?

3. Are you an active member of the WSBA or a law student?

- An active member of the WSBA
- Law student

4. How long have you been practicing (in any jurisdiction)?

- Law student
- 0-5 years
- 6-10
- 11-15 years
- 16-20 years
- 21-30 years
- 31+ years, please specify \_\_\_\_\_

5. Have you participated in another mentorship program as a mentee before?

- Yes
- No

6. How did this experience compare?

- Better
- Same
- Worse

Comments:

## ABOUT THE PROGRAM

6. Was the orientation helpful in the beginning your mentoring relationship?

- Yes
- No

7. What can this Program do to help make your match more successful?

## MENTEE EVALUATION

---

8. How would you describe the quality of your experience as a participant in the program?

9. Were the mentor program coordinators accessible, easy to talk to and seek advice from when necessary?

- Yes  
 No

### ABOUT THE MATCH

10. How would you describe your relationship with your mentor?

11. Did you gain personally from this relationship?

- Yes  
 No

12. Do you feel your mentor was adequately prepared to be a mentor?

- Yes  
 No

13. How did you meet?

- Video Conferencing (Skype etc.)  
 In-person  
 Email  
 Phone  
 Other, please specify \_\_\_\_\_

14. Did you follow the original Mentoring Agreement? If not, please explain why.

- Yes  
 No

15. How often did you meet?

- Once a month  
 Every two months  
 Every two weeks  
 When necessary  
 Other, please specify \_\_\_\_\_

**MENTEE EVALUATION**

---

16. Are/were there any factors that made it difficult to participate?

Yes

No

a. If so what are/were those factors?

b. How did you overcome those factors?

17. Do you plan on maintaining a relationship with your mentor?

Yes

No

18. Is there anything else you would like to share?

Please return your evaluation to the Program Coordinator ([PathsMentorshipProgram@outlook.com](mailto:PathsMentorshipProgram@outlook.com)).