Mentee Evaluation Form

MENTEE’S NAME

 **Yes No**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Based on your interactions with your mentee, are you comfortable with their progress at this point in their new-hire training regimen? |  |  |
|  | Comments: |  |  |
| 2 | Is the mentee receptive to your training/coaching? |  |  |
|  | Comments: |  |  |
| 3 | Is the mentee making an effort to align with (organization’s name) safety culture? |  |  |
|  | Comments: |  |  |
| 4 | Do you have any specific concerns regarding the mentee’s competency with their assigned tasks or their behavior while working for (organization name)? |  |  |
|  | Comments: |  |  |
| 5 | Do you believe the mentee has made sufficient progress in their new-hire training and is ready to graduate from the mentorship program? |  |  |
|  | Comments: |  |  |

MENTOR’S SIGNATURE MENTOR’S PRINTED NAME DATE