



Women Ophthalmologists Society

Mentoring Programme Feedback form

(To be filled by the Mentor AND Mentee, individually)

Please provide information and insight regarding the WOS mentoring program by indicating a rating value for the following questions related to the mentoring process.

Mentor's Name:

Mentee's Name:

Period of mentoring : From_____ to _____

Questions

Strongly Disagree -1 Disagree-2 Neutral-3 Agree-4 Strongly Agree-5

1. My mentee / mentor was accessible and available.
2. My mentee / mentor communicated regularly with me.
3. My mentee / mentor was concerned about the problems and worked to remove all deficiencies.
4. My mentee / mentor contacted me if there was an urgent or important need to improve work performance.
5. My mentee's / mentor's behavior and attitude were generally professional and courteous
6. My mentee learned at least one important lesson from me
7. I recommend my mentee / mentor for future mentoring programs.
8. Overall, the programme was active and informative
9. Goal(s) for this programme have been achieved
10. I anticipate an extended future relationship

with my mentee / mentor.

Primary reason(s) of Mentoring :

Achievements from the programme :

Effective Feedback from Mentee:

- Whether the advice or guidance offered was beneficial and solved your issue(s) ?
- Whether the mentor communication style and/or actions facilitate a positive mentoring experience ?
- Mentor strengths and assets _____
- Mentor's harmful behaviors or attitudes _____

Effective Feedback from Mentor :

- Mentee strengths and assets _____
- Areas for growth, development and enhancement _____
- Harmful behaviors or attitudes _____

Any other comments / suggestions :

Sign

Date

