

MENTORSHIP FEEDBACK SURVEY

This survey is essential for our firm to receive feedback regarding the mentorship program so that we may evaluate and strengthen our program for the future. Please complete the questions below and return the survey to the program coordinator.

Your Name:

Date:

| | Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree | No Opinion |
|--|-------------------|----------|-------------------|----------------|-------|----------------|------------|
| Overall, I am satisfied with the Mentorship Program. | | | | | | | |
| Overall, I am satisfied with my mentee /mentor relationship. | | | | | | | |

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| <ul style="list-style-type: none"> Please describe how you think the firm is benefiting from the Mentorship Program. | |
| <ul style="list-style-type: none"> Have you met with your mentor/mentee at least once per month? | |
| <ul style="list-style-type: none"> In the course of your 1:1 meetings, what did you discuss? | |
| <ul style="list-style-type: none"> Have you communicated with your mentor/mentee between meetings? | |
| <ul style="list-style-type: none"> Have you experienced any major setbacks? | |

- Have you experienced any major successes?

- Should we continue the Mentorship Program next year?

- Any additional comments?