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2021 COVID-19 Response Mentee Survey



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NOTE: This is a DRAFT of the actual mentee survey. To request a custom link/hard copy for your program's mentees to take the survey, please email benji@mentorvt.org.

Date:

Mark your responses to the questions below in the boxes.

We want to learn more about your relationship with your mentor during the COVID-19, or coronavirus, pandemic. Your responses to these questions will help us improve our program.

Before you begin the survey, here are a few things you should know:

- **We want you to be honest.** Your opinion matters to us! And, your honest feedback will help our program get better.
- **This survey is voluntary.** You can skip any questions you do not want to answer or stop taking the survey at any time.
- **Your name will not be connected to your answers.**

IMPORTANT: If you do not know what we mean by "COVID-19 pandemic," please ask an adult to explain before you answer any of the questions. If you don't want to answer a question or aren't sure what it means, please skip it and leave it blank.

1. Are you willing to participate in this survey?

- Yes
- No (If you answer no, please stop and return the survey)

2. How old are you?

3. My mentor reaches out to me:

- Not enough
- Just the right amount
- Too much

4. What are your favorite ways to connect with your mentor when you can't meet in person? (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Email |
| <input type="checkbox"/> Text or online chat | <input type="checkbox"/> Handwritten letters |
| <input type="checkbox"/> Video call (for example, Skype, Zoom, FaceTime, Google Meet) | <input type="checkbox"/> I have not communicated with my mentor during the 2020-2021 school year |
| <input type="checkbox"/> Some other way. Please describe: | |



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(Circle your response to the following questions)



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5. During the 2020-2021 school year, my mentor is someone I can depend on.

Strongly Disagree



Disagree



Agree



Strongly Agree



6. During the 2020-2021 school year, my mentor has provided me with information about COVID-19.

- Yes
- No
- I don't know

7. During the 2020-2021 school year, my mentor is someone with whom I can share my feelings and experiences related to the COVID-19 pandemic.

Strongly Disagree



Disagree



Agree



Strongly Agree



8. Having a mentor has made a positive difference in my life.

Strongly Disagree



Disagree



Agree



Strongly Agree



9. I would recommend having a mentor to my friends.

Strongly Disagree



Disagree



Agree



Strongly Agree



10. I have a strong and positive relationship with my mentor.

Strongly Disagree



Disagree



Agree



Strongly Agree





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11. My mentor makes me feel like I matter.

Strongly Disagree



Disagree



Agree



Strongly Agree



12. If I have a problem, I can go to my mentor for help.

Strongly Disagree



Disagree



Agree



Strongly Agree



13. Is your relationship with your mentor stronger or weaker than before the COVID-19 pandemic?

- Stronger
- Weaker
- About the same
- Can't answer. My mentor and I were matched after the pandemic started.

14. Finish this sentence: One thing my mentor has done recently to make me feel like I matter is

The following section is *optional for you to complete*. Your answers will help us develop a better understanding of who the youth are who participate in mentoring programs. If you would like to skip this section, just leave these two questions blank.

15. Which of the following best describes you?

- | | |
|---|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender, Female |
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender, Male |
| <input type="checkbox"/> Non-Binary, Gender Non-Conforming, or Third Gender | <input type="checkbox"/> Choose not to answer |
| | <input type="checkbox"/> Prefer to self-describe: _____ |

16. Which of the following best describes you? (Please check ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Black, African American, or African | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Hispanic, Latino/a/x, or Spanish origin | <input type="checkbox"/> Choose not to answer |
| <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> Other. Please describe: _____ |

Thank you for sharing your experiences with us!

If you have any questions, please contact [your mentoring program] using the information below.