

## Mentor Mentoring Match Survey

Date: \_\_\_\_\_

We want to learn more about your mentoring relationship. Your answers will help us better understand your relationship and 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.
- **This survey is anonymous.** However, if you would like program staff to follow up with you about this survey or additional mentoring supports they can provide, you can share your name at the end.
- **Please complete one survey per youth mentored,** if you have more than one youth you are currently mentoring in the program.

### Are you willing to participate in this survey?

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

Mentee Information – Please tell us about your mentee.															
<p><b>1.</b> How old is your mentee?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Under 8 years old</li><li><input type="checkbox"/> 8-10 years old</li><li><input type="checkbox"/> 11-13 years old</li><li><input type="checkbox"/> 14+ years old</li></ul> <p><b>2.</b> How long have you been matched with your mentee?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Less than 6 months</li><li><input type="checkbox"/> 6-12 months</li><li><input type="checkbox"/> 1-2 years months</li><li><input type="checkbox"/> 3 years or more</li></ul>	<p><b>3.</b> In what county does your mentee reside?</p> <table><tbody><tr><td><input type="checkbox"/> Addison</td><td><input type="checkbox"/> Lamoille</td></tr><tr><td><input type="checkbox"/> Bennington</td><td><input type="checkbox"/> Orange</td></tr><tr><td><input type="checkbox"/> Caledonia</td><td><input type="checkbox"/> Orleans</td></tr><tr><td><input type="checkbox"/> Chittenden</td><td><input type="checkbox"/> Rutland</td></tr><tr><td><input type="checkbox"/> Essex</td><td><input type="checkbox"/> Washington</td></tr><tr><td><input type="checkbox"/> Franklin</td><td><input type="checkbox"/> Windham</td></tr><tr><td><input type="checkbox"/> Grand Isle</td><td><input type="checkbox"/> Windsor</td></tr></tbody></table>	<input type="checkbox"/> Addison	<input type="checkbox"/> Lamoille	<input type="checkbox"/> Bennington	<input type="checkbox"/> Orange	<input type="checkbox"/> Caledonia	<input type="checkbox"/> Orleans	<input type="checkbox"/> Chittenden	<input type="checkbox"/> Rutland	<input type="checkbox"/> Essex	<input type="checkbox"/> Washington	<input type="checkbox"/> Franklin	<input type="checkbox"/> Windham	<input type="checkbox"/> Grand Isle	<input type="checkbox"/> Windsor
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<input type="checkbox"/> Grand Isle	<input type="checkbox"/> Windsor														
Relationship Support – Please tell us about your communication with your program and mentee’s caregiver(s).															
<p><b>4.</b> On average, how often does your program communicate with you?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> The program has not been in contact with me at all</li><li><input type="checkbox"/> Less than once a month</li><li><input type="checkbox"/> Once a month</li><li><input type="checkbox"/> Once every couple of weeks</li><li><input type="checkbox"/> Once a week</li><li><input type="checkbox"/> More than once a week</li></ul> <p><b>5.</b> This amount of communication is:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Not enough</li><li><input type="checkbox"/> Just the right amount</li><li><input type="checkbox"/> Too much</li></ul> <p><b>6.</b> The program takes my communication about my mentoring relationship and input on my experiences seriously:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Strongly Disagree</li><li><input type="checkbox"/> Disagree</li><li><input type="checkbox"/> Agree</li><li><input type="checkbox"/> Strongly Agree</li></ul>	<p><b>7.</b> On average, how often do you communicate with your mentee’s caregiver(s) during the program year?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> I have not been in contact with my child’s caregiver(s) at all</li><li><input type="checkbox"/> Less than once a month</li><li><input type="checkbox"/> Once a month</li><li><input type="checkbox"/> Once every couple of weeks</li><li><input type="checkbox"/> Once a week</li><li><input type="checkbox"/> More than once a week</li></ul> <p><b>8.</b> This amount of communication is:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Not enough</li><li><input type="checkbox"/> Just the right amount</li><li><input type="checkbox"/> Too much</li></ul>														

**Mentoring Relationship** – To what extent do you agree with the following statements? Mark “X” the box.

	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 
9. I am enjoying the experience of being a mentor.				
10. My mentee has made improvements since we started meeting.				
11. It is hard for me to find the time to be with my mentee.				
12. I get the sense that my mentee would rather be doing something else.				
13. I feel close to my mentee.				
14. I have a strong and positive relationship with my mentee.				
15. Having a mentee has made a positive difference in my life.				
16. The mentoring training and/or experience I had over the past year has made me a more effective mentor.				
17. My confidence as a mentor has increased over the past year.				

18. I have recommended mentoring to a friend, family member, or colleague.

- No
- No, I haven't, but I absolutely would!
- Yes

19. Tell us a story or something you enjoy about your mentoring relationship.

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20. What have been the biggest barriers to building a strong mentoring relationship with your mentee in the last year?

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21. What additional support(s) can your program provide in support of your ongoing growth as a mentor?

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22. Is there anything else you would like to share regarding your mentoring experience?

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The following section is **OPTIONAL** for you to complete. Your answers will help us develop a better understanding of the adult demographics participating in mentoring programs. If you would like to skip these questions, please move to the next section.

**23. Which of the following best describes your gender?**

- Choose not to answer
- Female
- I don't know
- Male
- Non-Binary, Gender Non-Conforming, or Third Gender
- Other. How do you describe yourself?  
\_\_\_\_\_
- Transgender, Female
- Transgender, Male

**24. Which of the following best describes your race/ethnicity?**

- Asian
- Black or African American
- Hispanic or Latino/a/x
- Native American or Alaskan Native
- Middle Eastern or North African
- Multiracial or Multiethnic
- Native Hawaiian or Pacific Islander
- Non-Hispanic White or Euro-American
- Some Other Race. Please Describe: \_\_\_\_\_
- Unknown

Thank you for sharing your experiences with us! This survey is anonymous. However, if you are interested in having your program follow up with you about this survey, please provide your name and contact information below. **OPTIONAL**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

If you have any questions about this survey, please contact your program.