

Youth 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.





Are you willing to participate in this survey?

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

My MENTORING PROGRAM and Me – To what extent do you agree with the following statements? Mark “X” the box.				
	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 
1. My program asks me about my relationship with my mentor and offers support when I need it.				
2. My program listens to my opinions and ideas about mentoring and my relationship with my mentor.				

3. How long have you been matched with your mentor?

- Less than 6 months
- 6-12 months
- 1-2 years
- 3 years or more

My MENTOR and Me – To what extent do you agree with the following statements? Mark “X” the box.				
	Strongly Disagree 	Disagree 	Agree 	Strongly Agree 
4. My mentor makes me feel like I matter.				
5. Having a mentor has made a positive difference in my life.				
6. My mentor is someone I can depend on.				
7. My mentor makes time for me.				
8. I have a strong and positive relationship with my mentor.				
9. When I’m with my mentor, I feel ignored.				
10. When I’m with my mentor, I feel disappointed.				
11. My relationship with my mentor is very important to me.				
12. When something is bugging me, my mentor listens while I talk about it.				
13. I feel close to my mentor.				

14. Finish this sentence: *Something I would like to share about my relationship with my mentor is...*

15. Is there anything else you would like to share about your mentoring experience?

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

16. How old are you? _____

17. Draw an "X" over the county you live in:

18. What grade are you in (Circle One)?

- | | | | |
|--------------|----------------|--------------|----------|
| Kindergarten | Grade 1 | Grade 2 | Grade 3 |
| Grade 4 | Grade 5 | Grade 6 | Grade 7 |
| Grade 8 | Grade 9 | Grade 10 | Grade 11 |
| Grade 12 | Post-Secondary | Other: _____ | |



19. 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

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Non-Hispanic White or Euro-American |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multiracial or Multiethnic | <input type="checkbox"/> Some Other Race. Please Describe: _____ |
| <input type="checkbox"/> Hispanic or Latino/a/x | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Native American or Alaskan Native | | |

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.