



Mentor Quality Assurance Questionnaire

Mentee's Name:

Date:

Please complete the following questions:

What are the benefits of your meetings with your mentor?

What are some things that could make your meetings more beneficial?

Do you feel that your needs are being addressed during your visits with your mentor?

Please mail to:
Sherrie Myers, ACDS State Coordinator
611 7th Avenue Suite 208
Huntington, WV 25701

Office Use Only	Date	Initials
Scanned		
Entered		