

Mentee Satisfaction Survey

Name: _____ Date: _____

Assigned Mentor: _____

On a scale of 1 – 10, how would you rate your initial level of interest in having a mentor? _____

What were your expectations of a Toastmaster mentor?

Were your expectations met?

How proactive were you in utilizing your mentor?

What did you find most helpful?

How proactive was your mentor in contacting you and providing the information, feedback and orientation from the Mentor Action Strategy Guidelines?

On a scale of 1 – 10, how would you rate your level of satisfaction from your mentor relationship?

What suggestions would you make to improve the mentor program for our club?
Please be specific.

Thank you for your feedback.
Please submit to the Mentor Committee Chair.