

Feedback Form - Mentee

To be completed upon completion of the program

Mentee Name: _____

On a scale of 1 – 5 with '5' indicating you 'strongly agree' and '1' indicating that you 'strongly disagree', please indicate your degree of satisfaction with the following aspects of the ACNEM Mentoring Program

	Rating (Please circle)
The program met my expectations	1.....2.....3.....4.....5.....
My goals and objectives were accomplished	1.....2.....3.....4.....5.....
The meetings were held as scheduled	1.....2.....3.....4.....5.....
The topics defined for discussion were covered during the program	1.....2.....3.....4.....5.....
I got enough individual attention during the sessions	1.....2.....3.....4.....5.....
The program was worthwhile	1.....2.....3.....4.....5.....
I feel like my Mentor has made a difference in my life in respect to my approach in practising Nutritional and Environmental Medicine	1.....2.....3.....4.....5.....
The program was value for money	1.....2.....3.....4.....5.....
The program should be utilised by my colleagues	1.....2.....3.....4.....5.....
My fellow Mentees were supportive and participated in a collegial manner	1.....2.....3.....4.....5.....

What aspects of the ACNEM Mentoring Program did you like the best?

What could be done to make the ACNEM Mentoring Program better in the future?

Additional Comments: _____

Please return this form to: ACNEM, PO Box 298, Sandringham Vic 3191.

Email: mail@acnem.org