



Feedback Form - Mentor

To be completed upon completion of program

Mentor 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.....
The 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.....
The mentees got enough individual attention during the sessions	1.....2.....3.....4.....5.....
The program was worthwhile	1.....2.....3.....4.....5.....
I feel like I have made a difference in the life of my Mentees in respect to how they now feel about practising Nutritional and Environmental Medicine.	1.....2.....3.....4.....5.....
The program should be supported by my colleagues.	1.....2.....3.....4.....5.....
The 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

