



## Mentor Evaluation Form

(Please complete at the end of the program and fax/send the completed evaluation to the ISBA. This is a requirement of completing your CLE/Ethics Credits successfully)

*All responses are confidential*

Please rate how well you have benefitted from the Mentor Match Program to date

|           |           |         |               |      |
|-----------|-----------|---------|---------------|------|
| 5         | 4         | 3       | 2             | 1    |
| Excellent | Very Good | Average | Below Average | Poor |

Please tell us how you have benefited from the Mentor Match Program. Check as many as you wish.

- I developed a positive working relationship with my mentee.
  - I hope to maintain my relationship with my mentee.
  - The materials were helpful to my professional development.
  - The program provided information not taught in law school.
  - I would recommend the program to other lawyers (new or established)
  - The experience was positive.
  - The program will help me a better lawyer.
  - The program increased my satisfaction with having chosen to be a lawyer.
  - Other (please provide as much feedback as you wish)
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What were the biggest challenges to your participating in the program?

- Finding time to fit it into my busy schedule.
- Coordinating schedules with my mentee.
- Developing a relationship with my mentee.

\_\_\_ Availability of my mentee.

\_\_\_ My law firm/employer did not support participation in the program.

\_\_\_ Other (Please provide as much feedback as you wish)

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Please provide us with useful information about your mentor match.

\_\_\_ I wish my mentee had been from my law firm/company.

\_\_\_ I wish my mentee had not been from my law firm/company.

\_\_\_ The mentor match system worked well for me.

\_\_\_ The mentor match system did not worked well for me.

\_\_\_ Other (Please provide as much feedback as you wish)

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Did you and your mentee meet outside the quarterly meetings?

\_\_\_ Yes

\_\_\_ No

If so, how often? \_\_\_\_\_

Please provide us with ideas for improving the program.

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Name: \_\_\_\_\_

Attorney Number: \_\_\_\_\_

Please return to: Mentor Match Program

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