

NEW INSIGHTS MENTORING PROGRAM

Creating Vision Through Mentoring

Parent/Guardian Exit Survey

Thank you for letting your child participate in the New Insights Mentoring Program. We hope your child benefited from having a mentor. We are always looking for ways to improve our program and appreciate your feedback. Please complete the following and return in the enclosed envelope.

Name: _____ Date: _____

Name of Child: _____

Name of Mentor: _____

Length of Match: ___years ___months

How would you describe your child's relationship with his/her mentor? Please explain your answers below:

- | | | |
|------------------------------------------|-------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Very close | <input type="checkbox"/> Close | <input type="checkbox"/> Not very close |
| <input type="checkbox"/> Very successful | <input type="checkbox"/> Successful | <input type="checkbox"/> Not very successful |

Why did the match end?

Do you feel like your child's mentor made a difference in his/her life? Yes No

Please explain below:

Did you feel you received adequate support and supervision from program staff?

What aspects of the New Insights Mentoring Program did you like the best?

What aspects of the New Insights Mentoring Program did you like the least?

What could we have done to make our program a better experience for you?

Would you allow your child to be re-matched? Yes No

Please provide any additional comments:

SAMPLE