



**BPW INTERNATIONAL
Mentoring Task Force**

Evaluation Form

This information is confidential: it is designed to improve the mentoring program.

Name: _____(optional)

A Goal:

General information about the goal of mentoring:

1. Goals achieved?

2. Was mentoring a useful instrument for your professional and personal development?

3. Would you tell a friend to take up mentoring to get ahead and move her career forward?

B Tandem:

1. Could you communicate your needs clearly?

2. Did the Tandem relationship meet your expectations?

a) if not: why?

b) if yes: what was important for the relationship?



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C Mentoring process

1. Did you identify your goals and find out what you needed in relation to a specific job / position?

2. What about the frequency of meetings and the duration of the mentoring?

4. How often did you meet? By phone, e -mail, skype or personally?

5. Did you think it helpful to find a mentor through a formal mentoring program or do you think, BPW should promote other ways of supporting informal mentoring relationships (through workshops, meetings etc.)

Date: _____

Thank you for your feedback!

Please send or post your evaluation form to: *
