

Los Angeles County Office of Education
Designated Subjects AE and CTE Credentials

Candidate Evaluation of Mentoring Experience

This form should be completed once at the end of the mentoring experience. Please take a moment to help us improve our program by completing all sections of this evaluation.

Last Name: _____ First Name: _____

Date: _____ District/ROCP: _____

I had one (1) mentor assigned to me during the mentorship. (Check one) Yes No
If you experienced more than one mentor, please complete a separate evaluation for each mentor.

Mark only one response for each statement.

	Poor 1	Average 2	Excellent 3
The mentor modeled professional behavior.			
The mentor was knowledgeable about effective teaching skills.			
The mentor was able to answer my questions and support my professional growth.			
The mentor supported me in completing program requirements.			
The mentor was able to refer me to appropriate resources.			
The mentor provided me with observation feedback in a timely manner.			
The mentor was available when I needed assistance.			
Overall, this experience was what I expected.			

Please provide any additional information for program improvement: