

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

## Mentor 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.

Mentor Name: \_\_\_\_\_ Candidate Name: \_\_\_\_\_

Date: \_\_\_\_\_ District/ROCP: \_\_\_\_\_

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

*Mark only one response for each statement.*

	<b>Poor 1</b>	<b>Average 2</b>	<b>Excellent 3</b>
The candidate modeled professional behavior.			
The candidate modeled effective teaching skills.			
I was able to answer the candidate's questions and assist their growth as a teacher.			
I was able to support the candidate in completing program requirements.			
I was able to refer the candidate to appropriate resources if needed.			
The candidate was willing to accept my feedback and recommendations.			
The candidate's supervisor was available when I needed assistance.			
Overall, this experience was what I expected.			

Please provide any additional information for program improvement: