



Oklahoma NRCS Mentor Program Mentee 6 Month Progress Report

DATE: _____

MENTOR NAME: _____

MENTEE NAME: _____

HOW LONG HAVE YOU BEEN IN THE PROGRAM? _____

1. As a mentee, have you been contacted by your Mentor? Yes _____ No _____

By what method and were contacts made in the last 12 months?

Face-to -Face _____ E-Mail _____ Phone _____

Please check topics of discussion:

_____ Assessment of current skills and strengths

_____ Identification of mentoring needs and expectations

_____ Definition and clarification of goals

_____ Development of action steps to attain goals

_____ Discussion of progress since last meeting, including constructive feedback

_____ Discussion of specific concerns

_____ Assignment of activities/professional development opportunities

_____ Update on assignments, activities, and/or professional development

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2. As a mentee, are you satisfied with your mentor/mentee relationship or your role in this program? Yes _____ No _____

If no, please indicate how your role and/or your mentoring relationship could be improved.

3. As a mentee, have you made any progress in achieving your goals? Yes _____ No _____

In what way?

4 Please evaluate the Oklahoma NRCS Mentor Program (select one)

Poor _____ _____ _____ _____ _____ Outstanding
 1 2 3 4 5

5 What would you change to improve the program?

Please sign: _____ Date: _____

*It is really important for the Mentoring Program's continual development and drive for excellence that this form be submitted to Oklahoma Civil Rights Advisory Committee, Attn: David Hungerford, Stillwater Field Service Center, 2600 South Main, Suite C, Stillwater, OK 74074. Please be honest and as complete as possible.
Thanks.*