



Oklahoma NRCS Mentor Program Mentor 12 Month Progress
Report

DATE: _____

MENTOR NAME: _____

MENTEE NAME: _____

HOW LONG HAVE YOU BEEN IN THE PROGRAM? _____

1. Were the number of contacts between you and your mentee(s) sufficient for a successful mentoring relationship? Yes _____ No _____

In what way?

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

Face to Face _____ E-mail _____ Phone _____

2. As a mentor, 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.

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3 As a mentor, what benefits have you received by participating in the mentoring program?

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

Poor 1 2 3 4 5 **Outstanding**

5 What would you change to improve the program?

Complete forms should be forwarded to:

Oklahoma Civil Rights Advisory Committee, Att: David Hungerford
Stillwater Field Service Center
2600 S. Main, Suite C
Stillwater, OK 74074

Keep a copy of all completed forms for your records.