

## North Carolina Regional Long Term Care Ombudsman MENTOR Evaluation - 6 month

The mentor program was established in 1997 as a mechanism for new Ombudsman to have direct access to another Ombudsman for support and information during their employment. This evaluation will assist the program to determine the effectiveness of the partnership. Please reflect on your first six months as a MENTOR and your relationship with the person you were assigned. Your answers will be combined with those of other MENTORS and will be reviewed by the State Long Term Care Ombudsman.

Your Name \_\_\_\_\_

Your MENTEES Name \_\_\_\_\_

**INSTRUCTIONS:** *Using the scale below, give your opinion on the following questions:*

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4      5

1. I was given adequate information about my mentee to make contact within the first two weeks of their employment. \_\_\_\_\_
2. I was able to contact my mentee on a regular basis. \_\_\_\_\_
3. My schedule allowed me to be readily available to the mentee for questions about being a regional ombudsman. \_\_\_\_\_
4. I feel that I had adequate experience to offer information and support to the mentee. \_\_\_\_\_
5. I feel that there was adequate time available to spend with the mentee. \_\_\_\_\_
6. I feel that the mentoring relationship was mutually beneficial. \_\_\_\_\_
7. I am interested in continuing the mentoring relationship. \_\_\_\_\_
8. I feel that I had a good understanding of the expectations of the mentor relationship. \_\_\_\_\_
9. I feel that more time should be spent with the mentee during the first six months of employment. \_\_\_\_\_
10. I feel that the mentor relationship was not useful to the further development of newly employed ombudsman. \_\_\_\_\_

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**N.C. Regional Long Term Care Ombudsman  
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1. What were your expectations of the mentor relationship?

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2. What was the most positive aspect of the mentoring relationship?

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3. What were the negative aspects of the mentoring relationship?

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4. Were your expectations of the mentor relationship met? Why or why not?

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5. How would you change the mentor relationship to better meet your expectations?

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6. Can you describe any unmet needs that you may have as the mentor as you enter into the next six months of the mentoring relationship?

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Thank you for your help with this evaluation. Please mail completed form to:

**Victor Orija, State Long Term Care Ombudsman  
Division of Aging and Adult Services, 2101 Mail Service Center, Raleigh, NC 27626**