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. ______

PLEASE CONTINUE TO PAGE 2
1. What were your expectations of the mentor relationship?
_______________________________________________________________________________

_______________________________________________________________________________

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

_______________________________________________________________________________

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

_______________________________________________________________________________

_______________________________________________________________________________

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

_______________________________________________________________________________

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

_______________________________________________________________________________

_______________________________________________________________________________

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?
_______________________________________________________________________________

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