

# ASHRAE Feedback Survey for Mentors

Please fill out this survey to assist us in improving the mentoring program in our chapter.

1. Mentoring Type

This year, I acted as a:

- YEA Mentor
- Professional Mentor
- Experienced Professional Mentor

2. Name: \_\_\_\_\_

3. E-mail: \_\_\_\_\_

4. Name of Mentee: \_\_\_\_\_

5. How often did you communicate with your mentee?

\_\_\_\_\_

6. With which methods did you communicate with your mentee? (Check all that apply)

- E-mail
- Phone
- In person

7. Did you feel you were adequately able to provide guidance to your mentee? What type of guidance and advice did you provide? Was the program beneficial for you and the mentee?

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8. How can the membership committee improve the mentoring program for the chapter?

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9. Please list any additional recommendations you have for the chapter mentoring program.

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