

MENTOR PROGRAM: PARENT SURVEY

To parents of students in the (*name of program*):

Thank you for your support and interest in the (*name of program.*) As you know, your child has been working with a mentor this year. In order to find ways to make the program better, we ask you to take a few moments to complete this survey. Your input will be greatly appreciated.

(Please print.)

Date: _____

Your Name (optional) _____ Child's Name (optional) _____

How long has your child had a mentor?

1 year 2 years 3 years 4 years 5 years

Does your child have the same mentor as when he or she started the program? Yes No

Does your child seem as if he or she enjoys the time spent with the mentor? Yes No

Does your child (please check all that apply):

Seem happier? Yes No Seem less angry? Yes No

Get along better with brothers/sisters? Yes No

Get along better with friends? Yes No

Listen better? Yes No Feel better about him/herself? Yes No

Work harder on homework? Yes No Seem more responsible? Yes No

Have better school attendance? Yes No Seem better behaved at home? Yes No

Do better in school? Yes No Seem better behaved at school? Yes No

Have a better attitude about school? Yes No

Have you met your child's mentor at school? Yes No

If yes, how many times? once 2-3 times 4-6 times more than 6 times

Have you met with your child's mentor at home? Yes No

If yes, how many times? once 2-3 times 4-6 times more than 6 times

What do you think are the greatest benefits your child has received as a result of having a mentor?

What would you suggest as a possible activity for mentors, mentees and their families?