# CLOSURE INTERVIEW FORM

MENTOR
INDEPENDENCE
REGION

Date: _____

Mentee's Name: _____

Mentor's Name: _____

Date of Matching: _____ Date of Termination: _____

1. What caused the termination?

2. Does the mentor have any suggestions for making the program more successful?

3. Does the mentee have any suggestions for making the program more successful?

4. Are there any misunderstandings or other issues to be resolved?

5. Would the mentor like to be rematched? ___ Yes ___ No
6. Would the mentee like to be rematched? ___Yes ___ No

Form completed by:

_____
Print Name

Courtesy of The Maryland Mentoring Partnership, *Vision to Reality Mentoring Program Development Guide,* and Oregon Mentors.