

## Parent/Guardian Exit Survey

Thank you for letting your child participate in our Program. We hope your child benefited from having a mentor. We are always looking for ways to improve our program and appreciate your feedback. Please complete the following and return in the enclosed envelope.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Name of Mentor: \_\_\_\_\_

Length of Match: \_\_\_years \_\_\_\_months

How would you describe your child's relationship with his/her mentor? Please explain your answers below:

- Very close       Close       Not very close  
 Very successful     Successful     Not very successful

Why did the match end?

Do you feel like your child's mentor made a difference in his/her life?  Yes  No  
Please explain below:

Did you feel you received adequate support and supervision from program staff?

What aspects of the Program did you like the best?

What aspects of the Program did you like the least?

What could we have done to make our program a better experience for you?

Would you allow your child to be rematched?  Yes  No

Please provide any additional comments: