



**CCDDBP LEND Program  
Family Mentoring Experience  
Family Evaluation Form  
2005-2006**

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

Trainee's Name: \_\_\_\_\_

Part I focuses on the Family Mentoring Experience as a program and Part II focuses on the LEND trainee's performance. We are interested in your views on both. Your observations on the program will help us improve the learning opportunities for future trainees. Your evaluation of the trainee will help us assist the trainee in sharpening his/her skills in working with children with disabilities and their families. Please return the evaluation to Sheryl Feuer in the enclosed self-addressed, stamped envelope by May 10, 2006. Thank you for participating in the Family Mentoring Experience and for taking the additional time to fill out this evaluation.

**Part 1: The Mentoring Experience**

Please answer the following questions. If you need more space, please use the back or attach an additional sheet of paper.

1. For your family, what were the most positive aspects of mentoring a trainee?
  
  
  
  
  
  
  
  
  
  
2. Did you encounter any problems with the program? (i.e. logistics, scheduling, etc.)

3. Do you believe the program provides trainees with experiences that strengthen their development of the objectives listed in your Family Orientation packet? Why or why not?

4. Did you receive enough information about the program to prepare you for mentoring?

5. How can we improve the mentoring experience?

6. Would you be willing to mentor other trainees in the future?

## FME Family Evaluation Form

### Part II: Trainee Performance

Trainee's Name: \_\_\_\_\_

For each statement, please circle the number that best rates the trainee.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA
1. The trainee was considerate of our family's routines when scheduling meetings and making phone calls.	5	4	3	2	1	0
2. The trainee listened to me when discussing my child/children.	5	4	3	2	1	0
3. The trainee seemed to recognize and appreciate my knowledge and insights about my child/children.	5	4	3	2	1	0
4. The trainee interacted appropriately with my child.	5	4	3	2	1	0
5. The trainee seemed to understand the special needs of my child and family.	5	4	3	2	1	0
6. The trainee got along well with my child/children.	5	4	3	2	1	0

Please answer the following questions about your trainee.

7. What do you feel the trainee did especially well?

8. What suggestions do you have for this trainee?

**THANK YOU FOR THE TIME AND CARE YOU PUT INTO THIS EVALUATION  
AND INTO THE FAMILY MENTORING EXPERIENCE!**