



## Family Mentor Evaluation

(for trainees and families to complete)

Family's name (optional): \_\_\_\_\_

Trainee's name: \_\_\_\_\_

Year: \_\_\_\_\_

Please provide feedback on the Family Mentor Training Experience. List if the experience was positive or negative. Space is provided for additional comments.

1. Overall, was the family mentor experience a positive learning experience?

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2. Were arrangements between the trainee and family planned in advance and time commitments honored?

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3. Was there sufficient contact between the family and trainee (approximately 7-9 hours a month)?

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4. Would you recommend participation in this training experience to others?

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Additional Comments: \_\_\_\_\_

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Thank-you for your participation!