

PARTNERSHIP FOR PEOPLE WITH DISABILITIES
VIRGINIA LEND PROGRAM
P. O. BOX 980405
RICHMOND, VA 23298-0405

FAMILY MENTORSHIP EXPERIENCE - FAMILY EVALUATION
2004-2005

Family _____ Date _____

Trainee's Name _____

Part I focuses on the family mentorship experience and Part II focuses on the performance of the VA-LEND trainee. We are interested in your views on each. Your observations about the family mentorship experience will assist us in improving learning opportunities for future trainees. Your observations about the trainee's performance will assist in the overall evaluation of the trainee's skills in working with children with disabilities and their families. Your responses will be kept confidential. Please use the enclosed envelope to return this evaluation. Thank you for your participation in the family mentorship experience and for taking the additional time to give us your evaluation of the experience.

Part I: The Mentoring Experience

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

1. For our family, the most positive parts of mentoring a trainee were:
2. Some problems we encountered were:
3. Some recommendations to improve the program are:
4. Did you receive enough background information about the program to prepare you for mentoring the trainee?
5. Would you be willing to work with other trainees in the future?

6. Regarding the occasional resource/advocacy e-mailings:

- Did you find them useful? Yes_____ No_____
- What might have made them more useful?

- Would you like to continue to receive them beyond the year of your mentorship? Yes_____ No_____

7. Do you have any other comments or suggestions about the Family Mentorship Experience? Your feedback is appreciated!

Part II: Trainee Performance

For each item, circle ONE number below to tell us how you rate the trainee's performance.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA
1. The trainee was considerate of our family's routines when scheduling contacts with us.	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 knew a lot about child development.		5	4	3	2	1 0
5. The trainee seemed to understand the special needs of my child/children 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 complete the following. If you need more space, please use the back or attach an additional sheet of paper.

7. The things the trainee does best are:

8. The things the trainee needs to continue to develop are:

9. Trainees value and learn from honest feedback from mentoring families. May we have your permission to share with the trainee some of your comments on questions 1 through 8 above? Yes _____ No _____

THANK YOU FOR THE TIME AND CARING YOU PUT INTO THIS EVALUATION –
AND INTO THE FAMILY MENTORSHIP EXPERIENCE!