

**IASN MENTORSHIP PROGRAM EVALUATION**  
**NURSE WHO WAS MENTORED**

For nurses being mentored, how long did it take to be contacted by a mentor after submitting your application? \_\_\_\_\_

What was the primary mode of communication? \_\_\_\_\_ phone \_\_\_\_\_ e-mail \_\_\_\_\_ in person  
Was the frequency of regular contacts adequate to meet your needs?  
\_\_\_\_\_ yes \_\_\_\_\_ no - how could this have been better? \_\_\_\_\_

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Was your mentor helpful with:

Answering questions about general school nursing practice? \_\_\_\_\_ yes \_\_\_\_\_ no

Answering questions about special education/PPS team process? \_\_\_\_\_ yes \_\_\_\_\_ no

Offering guidance on time management/prioritizing? \_\_\_\_\_ yes \_\_\_\_\_ no

Assisting with locating resources/ information for specific situations? \_\_\_\_\_ yes \_\_\_\_\_ no

How did the mentorship program advance your professional growth?

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What did you find most helpful about the mentorship program? \_\_\_\_\_

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What suggestions do you have to improve the mentorship program? \_\_\_\_\_

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