

Mentee Questionnaire

Questionnaire

NAME:

DATE:

JOB TITLE:

TIME AT AGENCY:

TIME IN CURRENT POSITION:

BACKGROUND

What do you hope to gain from having a mentor?

What skill do you want to develop, what knowledge do want to gain, and/or what competency would you like to develop or improve upon?

What are your career goals?

Is there someone you have in mind as a mentor? If so, who and why?

How are you most comfortable learning, sharing, and communicating?

_____ Reading _____ Discussion _____ Being observed

_____ Receiving feedback _____ Participation _____ Listening

_____ Trial and error _____ Writing _____ Doing

_____ Lecture _____ Role play

_____ Coaching _____ Observing / shadowing

_____ (other) _____