



The Listen to Children Mentoring Program

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Mentor Year End Program Evaluation

Please complete this survey at the end of your term mentoring so that we can better serve you in the future. Feel free to comment about your experience. Return this completed form with other end of the year forms to the Program Coordinator at the above listed address. Fill out one form for each school you were assigned as a mentor.

Today's Date: _____

Mentor's Name: _____ **School:** _____

1. I was pleased with the school in which I was assigned.

Yes No

2. I was able to work well with the teachers and/or guidance counselors (or point of contact) at the school.

Yes No

3. I felt I received adequate support from the Listen to Children Program Director.

Yes No

4. I felt I received adequate, appropriate and timely training from the Mental Health Association.

Yes No

5. I look forward to volunteering as a mentor next school year.

Yes No

6. I feel I made a difference in the life of the student(s) I listened to.

Yes No

Please enter any additional comments that would enhance our program below: