

Mentor Survey

District Mentoring Program

1) Please rate your level of agreement about your district's mentoring program.

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
1a. I received the training needed to become an effective mentor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. I had the resources needed to provide support to my mentee(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. The support that I provided to my mentee(s) helped them to improve their practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) On average, how often did you meet with your mentee(s) this school year?

- Never
- Once per year
- Twice per year
- Three to five times per year
- Six or more times per year

3) Which of the following experiences did you offer your mentee(s) as part of the mentoring experience? (Check all that apply.)

- Frequent, targeted feedback
- Opportunities to observe expert teachers
- Assistance with developing strategies
- A review of school and district expectations
- Collaborative development of lesson plans
- Collaborative look at student data
- The development of a growth plan based on needs
- Suggestion of resources
- Opportunities to self-reflect on practice
- Setting of goals aimed at improving instruction
- Modeling of effective teaching practices

Mentor Background

4) Please indicate the subject/content area in which you serve as a mentor. (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> Health |
| <input type="checkbox"/> Math | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Science | <input type="checkbox"/> Music |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Art | <input type="checkbox"/> World Languages |

5) Please indicate the grade levels in which you serve as a mentor. (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> 6 th Grade |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 7 th Grade |
| <input type="checkbox"/> 1 st Grade | <input type="checkbox"/> 8 th Grade |
| <input type="checkbox"/> 2 nd Grade | <input type="checkbox"/> 9 th Grade |
| <input type="checkbox"/> 3 rd Grade | <input type="checkbox"/> 10 th Grade |
| <input type="checkbox"/> 4 th Grade | <input type="checkbox"/> 11 th Grade |
| <input type="checkbox"/> 5 th Grade | <input type="checkbox"/> 12 th Grade |

6) How many years (including this year) have you served as a mentor?

- | | | |
|----------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 8 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 10 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 11 | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 12 | <input type="checkbox"/> 19 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 13 | <input type="checkbox"/> 20 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 14 | <input type="checkbox"/> More than 20 |

7) How many years (including this year) have you taught?

- | | | |
|----------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 8 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 10 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 11 | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 12 | <input type="checkbox"/> 19 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 13 | <input type="checkbox"/> 20 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 14 | <input type="checkbox"/> More than 20 |

Thank you!