**Council Mentor Program**

**Mentee/Mentor End of Program Questionnaire**

*By completing this questionnaire, you are assisting the Brain Injury Advisory Council in evaluating the efficacy of the Council Mentor Program. This questionnaire will take approximately 15 minutes to complete. Your responses are extremely valuable. Thank you in advance for taking the time to complete this questionnaire.*

1. How often have you met with your mentor?

2. Do you feel the amount of times you met were adequate to meet your goals?

3. Did you address your goals for full participation during your meetings with your mentor?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Did you meet your goals? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Did participating in this mentor program better enable you to fully participate in the NE Brain Injury Advisory Council meetings and activities? Yes\_\_\_\_\_ No\_\_\_\_\_

*If no, please explain what could be improved to help you in this area.*

6. Are you interested in participating as a mentor for the NE Brain Injury Advisory Council Mentor Program? Yes \_\_\_\_\_ No \_\_\_\_\_