

Leadership Lawton-Fort Sill  
Mentor Program Feedback Form

Mentor Name: \_\_\_\_\_ Date \_\_\_\_\_

This form is to be completed and submitted after each mentoring session.

1. What did you learn from this mentor that enhanced your leadership ability?

Comments: \_\_\_\_\_

---

2. Overall, did the mentor do a good job of relating the information to you?

Comments: \_\_\_\_\_

---

3. Was the mentor prepared for your session?

Comments: \_\_\_\_\_

---

4. Did the mentor give adequate time for you to schedule work release time?

Comments: \_\_\_\_\_

---

5. How would you rate this session overall?

Circle number:      High    5            4            3            2            1            Low

Additional comments:

---

---

---

---

Return this form to LLFS, P O Box 6754, Lawton, OK 73506