Your Agency logo here

Your Agency name here
Parent/Guardian Exit Survey

Thank you for letting your child participate in the Your Agency Name Here Youth Mentoring Program. We hope your child benefited from having a mentor. We are always looking for ways to improve our program and appreciate your feedback. Please complete the following and return in the enclosed envelope.

General Information

Office Code _____

Your name	Child's Name	Today's date ____/____/_____
Name of your child's mentor	How long were the child and mentor matched?	Match ended on ____/____/_____
Name of Match Supervisor		

Ratings (Indicate how did you feel about the following)

	Excellent	Above Average	Fair	Poor	Don't know or N/A
1. Overall satisfaction with program	☐	☐	☐	☐	☐
2. Helpfulness of Match Supervisor	☐	☐	☐	☐	☐
3. Helpfulness of other program staff	☐	☐	☐	☐	☐
4. Communication between staff and you	☐	☐	☐	☐	☐
5. Special event activities	☐	☐	☐	☐	☐

Narrative (Use back of paper if more space is necessary.)

6. How would you describe your child's relationship with his/her mentor?

   a. ☐ Very Close   ☐ Close   ☐ Not Very Close

   b. ☐ Very Successful ☐ Successful ☐ Not Very Successful

7. Please explain your answers::

8. Why did the match end?

9. Do you feel like the mentor made a difference in your child's life? ☐ Yes   ☐ No
10. Please explain your answer.

11. Did you receive adequate support and supervision from program staff? ☐ Yes   ☐ No
12. If not, how else could we have supported you?

13. Was the mentoring program what you expected? If not, why not?
14. What did you like best about the mentoring program?
15. What did you like least about the mentoring program?
16. Were their obstacles to you and your child participating fully in the program? ☐ Yes ☐ No 17. If yes, what were they?
18. What could we have done to make our program a better experience for you?
19. Would you allow your child to be matched with a new mentor? ☐ Yes ☐ No
20. Do you have additional comments for us?

Statement Regarding Future Contact

Your Agency Name Here supports future contact between a mentor and mentee when all parties, including the parent/guardian are in agreement. If future contact is agreed upon, the Your Agency Name Here Youth Mentoring Program will NOT be responsible for monitoring and supporting the match after the match has ended. Your Agency Name Here is not liable for any incidents that occur after the match has closed.

Please sign that you have read and understand this statement:

_____   _____
Parent/Guardian Signature   Date