Mentoring Assessment

Mentor Name: ____________________________________________________________

Mentee name: ____________________________________________________________

1. Is he/she going to class?
   a. Attending classes on time
   b. Sitting on front row (or center)
   c. Being an active participant in class
   d. Be alert and focused throughout the lecture
   e. Ask questions during class
   f. Take accurate notes

2. Is he/she visiting the professor?
   a. Meet with professor during office hours or outside classroom once per week
   b. Review questions/concepts on chapter and class notes, homework, returned exams, and future exams

3. Does he/she utilize campus resources?
   a. Financial assistance
   b. Academic assistance (advising, tutoring, library, etc.)
   c. Career assistance
   d. TLSAMP office
   e. Counseling
   f. Support group
   g. Legal advise
   h. Health services

4. Is he/she familiar with community resources to help with certain situations?
   a. Religious affairs
   b. Financial assistance
   c. Personal Professionals (doctors, barbers/cosmetologist, daycare, etc.)
   d. Political affairs
   e. Legal assistance

5. Is he/she engaged in campus activities?
   a. Student Government
   b. Sports events
   c. Recreational
   d. Scholastic organizations
   e. Cultural events
   f. Performing arts
   g. Other