



## MENTORING COACH SURVEY



Thank you for taking the time to participate in the Coach Mentoring Program Evaluation. Your comments will enable us to better plan and execute further mentoring opportunities within our LSC and to tailor them to our specific LSC needs.

Was your mentee on time and prepared for your visit?

- Yes
- Not Sure
- No

Was your visiting coach:

- Intimidated or uncomfortable
- Engaged
- "Just there"
- Not sure

Did you encourage a follow up visit?

- Not necessary
- Left the door open
- Yes

Did you feel that the time spent with your mentee was:

- Helpful for them
- Conflicting for them
- A waste of time

Please indicate your overall satisfaction with this program

Registration Process

- Satisfied
- Neutral
- Dissatisfied

Interaction with Mentee During Visit

- Satisfied
- Neutral
- Dissatisfied

Reimbursement Policy

- Satisfied
- Neutral
- Dissatisfied

**This form can be completed on the computer. First save the form, then fill in the requested information and save it again. If using a Mac, select 'Print' and then 'Save as pdf'.**

**Application is to be returned to the LSC Development Coordinator at [clubdevcoord@virginiawimming.org](mailto:clubdevcoord@virginiawimming.org).**