

Mentor Feedback Form

Date: _____ Mentor Name: _____ Mentee Name: _____

Not able to contact this mentee. I have tried the following: phone email letter other (explain on back)

Areas of Interaction: Check each area in which you and your mentee have had any discussion.

- | | | | | |
|---------------------------------------|--|--|---|--|
| <input type="checkbox"/> Salvation | <input type="checkbox"/> Sunday School | <input type="checkbox"/> Prayer/Prayer Life | <input type="checkbox"/> Social Services: | |
| <input type="checkbox"/> John 3:16-18 | <input type="checkbox"/> New Members Class | <input type="checkbox"/> Spiritual Gift/Talent | <input type="checkbox"/> Work/Employment | <input type="checkbox"/> Health |
| <input type="checkbox"/> Rom 10:9-10 | <input type="checkbox"/> God's Promises | <input type="checkbox"/> Challenges/Struggles | <input type="checkbox"/> Transportation | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Scriptures/Bible | <input type="checkbox"/> Family/Work | <input type="checkbox"/> Food | <input type="checkbox"/> Education |
| <input type="checkbox"/> Van Service | <input type="checkbox"/> Ministry Interest | <input type="checkbox"/> Other (explain on back) | <input type="checkbox"/> Housing | <input type="checkbox"/> Other (explain on back) |

Feedback Frequency:

Check one.

- First Month:** Submit weekly
- Second Month:** Every other week
- 3rd – 6th Month:** Monthly

Date: _____

Comments [use back if needed]

Mentee has been to: Check all that apply.

- Worship Prayer/Bible Study Sunday School
- New Members Class Other MBC Meeting: (explain on back)

Ministry Interest: Check all that apply.

- Usher Choir/Music Outreach Youth
- Intercessory Prayer Other (explain on back)

When mentee is not in church: Check type of contact attempted.

- Phone Email Letter Other (explain on back)

Comments [use back if needed]: