

30- to 60-Day Mentorship Evaluation Form

NAME _____

TITLE _____

DATE OF HIRE _____

DATE COMPLETED _____

It has been 30 to 60 days since your orientation class. We would like your feedback on your experience working in your Neighborhood/Household since that time. Please answer the following questions as completely and honestly as possible so we may better serve your needs and those of future new team members.

1. Was the information presented during the Nursing Department Orientation appropriate and useful?

2. Do you feel you were provided enough information to perform your job well? If not, what do you feel should have been included?

3. What information presented during the Nursing Department Orientation was most beneficial to you in your new role?

4. What information presented during the Nursing Department Orientation was least beneficial to you in your new role?

continued

30- to 60-Day Mentorship Evaluation Form *cont.*

NAME _____

5. Was there anything that you feel you needed to know that was not presented?

6. How do you feel you fit in with the culture of the community?

7. Do you feel you received adequate training and support from your Mentor?

8. Do you feel you received adequate training and support from your Clinical Nurse Leader?

9. Please provide comments on how you feel your orientation experience could have been better.

10. Please provide your comments on how the orientation process benefited your transition into your new position.

Thank you for your time and participation!