



TRiO STUDENT SUPPORT SERVICES  
Peer Mentor Evaluation

Walk-in

Appt.

Thank you for taking the time to complete this evaluation. Your input will be used to improve TRiO Student Support Services mentoring services.

Peer Mentor's Name: \_\_\_\_\_

**Please evaluate the following statements and select the response that best reflects your opinion.**

<i>Completely</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Completely</i>	<i>No opinion/</i>
<i>Agree</i>				<i>Disagree</i>	<i>NA</i>

1. The Peer Mentor was attentive and focused during the session.
2. The Peer Mentor provided me with appropriate, relevant, and helpful information.
3. I am now aware of resources that address my concerns.
4. The Peer Mentor was supportive and encouraged me to make decisions that will lead to my success.
5. The Peer Mentor was able to explain TRiO SSS services to my satisfaction.
6. I would recommend my Peer Mentor to my friends.
7. My overall experience with the Peer Mentor was positive.

List the services of TRiO SSS that you are interested in using.

Please give us your comments on your Peer Mentor and what s/he can do to improve:

Was your experience with the TRiO SSS program a positive one? Yes \_\_\_ No \_\_\_ Please explain:

**Please drop evaluation in the Green Evaluation Box.**