**Council Mentor Program**

**Mentee/Mentor Six Month Questionnaire**

*By completing this questionnaire, you are assisting the Brain Injury Advisory Council in evaluating the efficacy of the Council Mentor Program. This questionnaire will take approximately 15 minutes to complete. Your responses are extremely valuable. Thank you in advance for taking the time to complete this questionnaire.*

1. Did you and your mentor both attend a council orientation session? Yes\_\_\_\_\_ No \_\_\_\_\_

2. In addition to the orientation, how often have you met with your mentor?  
  
  
  
3. Did you and your mentor establish goals related to ensuring your full participation on the NE Brain Injury Advisory Council? Yes\_\_\_\_\_ No\_\_\_\_\_

4. Are you making progress toward achieving your goals? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is this mentorship program helping you feel more capable to be a contributing member of the NE Brain Injury Advisory Council? Yes\_\_\_\_\_ No\_\_\_\_\_

*If no, please explain what could be improved to help you in this area.*