

DEPARTMENT OF EMPLOYEE TRUST FUNDS  
CAREER DEVELOPMENT PROGRAM (CDP)

## EVALUATION FORM

1. Please check whether you are a(n): Intern  Mentor
2. Comment on the mentor/intern relationship. What have been the strengths and the difficulties? (For example: frequency of meetings; quality of guidance or responsiveness; formality or informality; etc.)
3. Describe changes which have occurred for you, personally, as a mentor or intern, which seem to be (at least in part) a result of the program. For example, changes in your perception of yourself, in how others perceive you, in your attitude or "comfort" with individuals in leadership positions, raised your awareness of different job opportunities.
4. Describe the project undertaken and the skills you wanted to teach/learn. Was the project appropriate to the process? Was the project successful?
5. What is the greatest strength of this program?
6. What parts of the process need to be improved or changed for this program to be more successful?
7. What obstacles, if any, did you encounter in the process? Do you see any potential obstacles for future interns (i.e., workload, out-of-office scheduling conflicts, lack of supervisory support, etc.)?
8. If the opportunity presented itself, would you participate in a similar program in the future? Why or why not?

Date (MM/DD/CCYY)	Signature
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Please return your completed evaluation form to the Human Resource Specialist by:

Thank You