South Carolina Mentor Training
Evaluation Form

Thank you for participating in the newly designed SC Mentor Training. Please take a few minutes to complete the questions below. If you wish to provide your name and district/school, please do so; however, you may choose to remain anonymous instead.

1. Name _____
2. District/School _____
3. Position in District/School _____
4. SC Mentor Training Dates _____
5. With additional practice, do you feel prepared to effectively serve as a mentor to a beginning teacher? Why or why not?
6. Which piece of the training (content and/or activities) was most valuable to you?
7. Which piece of the training (content and/or activities) was least valuable to you?
8. Please list any other thoughts you would like to share with the training team.