

Mentee
Assessment
Plan

To be completed by teacher, counselor, or program staff most familiar with the mentee's career and personal interests. This information will assist efforts to effectively match mentees with mentors. Confidential information should not be disclosed without permission from the mentee.

Name of Mentee: _____

Grade Level or Age: _____

Name of Program/School: _____

Staff Name: _____

Describe type of mentor this youth wants:

Describe primary career interest/direction of the mentee:

Please indicate employment barriers this mentee faces:

Single Parent Learning Disability Foster Care Teen Parent	Pregnant Teen/Adult Physical Disability Transportation Issues	Basic Skills Deficient Protective Services Economically Disadvantaged
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Please rate the following statements on a scale of 1-10 with 10 being the highest:

- ___ Interest in having a mentor
- ___ Preparation for being matched with a mentor
- ___ Motivation/Organization to keep appointments
- ___ Overall preparation for career placement
- ___ Motivation to complete their educational goals

Is there anything important we need to know about this person?

Please return this questionnaire to:

Name

Due Date