

 *OMB Control Number: 0970-0401*

*Expiration Date: 5/31/2021*

**New Director Mentor Program**

**90-Day Check-In Survey**

Thank you for participating in the National Center on Program Management and Fiscal Operations New Director Mentor Program (NDMP), conducted by the UCLA Anderson School of Management. To help ensure the quality of our services, we ask that you complete the following feedback survey. This brief survey is voluntary and all feedback will be kept private. To further protect your privacy, please refrain from including personally identifiable information in open-ended responses.

*THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)*

*Public reporting burden for this collection of information is estimated to average approximately 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.*

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**New Director Mentor Program (NDMP) Evaluation**

Q1. Please select your level of agreement with the following statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Disagree | Strongly Disagree | Don’t know / NA |
| I am satisfied with this mentoring experience. |  |  |  |  |  |
| My mentoring partner and I have clearly defined norms for interacting. |  |  |  |  |  |
| We have established clearly defined goals for the mentee’s development. |  |  |  |  |  |
| We trust each other. |  |  |  |  |  |
| We meet at regularly scheduled times. |  |  |  |  |  |
| We are able to discuss our culture / social identity experiences in an open and constructive manner. |  |  |  |  |  |
| The mentor is helping the mentee address development opportunities. |  |  |  |  |  |
| I want to continue participating in this mentoring relationship.  |  |  |  |  |  |

Q2. My main reason for participating in this mentoring program is... (please describe briefly).

Q3. As a result of this mentoring relationship program, I've made progress in the following ways.  Please describe.