

YEAR ONE CTE DIRECTOR MENTORING PROGRAM EVALUATION For Completion by Mentor

Mentor: _____

Protégé: _____

Date: _____ **All evaluations will be confidential.**

SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree

	SA	A	D	SD
Protégé				
The Protégé is an appropriate match to my knowledge.				
The Protégé asked good questions.				
The Protégé shared his/her experiences.				
The Protégé agreed that the discussion questions were appropriate.				
The Protégé seemed to enjoy the experience.				
Mentor				
The meeting topics were appropriate				
The Year One goals and objectives were well defined.				
The subject matter increased my knowledge.				
The discussion questions were appropriate.				
The time for discussion was adequate.				
The meetings helped me grow professionally.				
The agenda was followed.				
Time was allotted at the end for questions not on the agenda.				

Please add additional comments on the reverse side.

Mail to: Paul Mackay
Missouri Center for Career Education
TR Gaines 302
Warrensburg, MO 64093

YEAR ONE CTE DIRECTOR MENTORING PROGRAM EVALUATION For Completion by Protégé

Protégé: _____

Mentor: _____

Date: _____ **All evaluations will be confidential.**

SA = Strongly Agree A = Agree D= Disagree SD = Strongly Disagree

	SA	A	D	SD
Mentor				
My mentor is an appropriate match to my needs.				
The meeting agenda was appropriate.				
The mentor was prepared to deliver the agenda.				
The subject matter increased my learning and knowledge.				
The mentor listened and offered conversation.				
Meetings				
The topics were appropriate.				
The goals and measurements were clearly defined.				
The subject matter increased my learning and knowledge.				
The discussion questions were appropriate.				
The time for discussions was adequate.				
The meetings helped me grow professionally.				
The agenda was followed, however, time was allotted for other discussion.				

Please add additional comments on the reverse side.

Mail to: Paul Mackay
229 High Acres Drive
St. Clair, MO 63077

Completion Record – Year One

Topic	Mentor Signoff	Protégé Signoff	Date
ELEMENTS OF LEADERSHIP			
I. Elements of Effective Leadership			
II. Other Topics for Discussion			
INDIVIDUAL PROGRAM ANALYSIS			
I. Enrollment			
II. Determining Technology / Equipment			
III. Curriculum			
IV. Student Placement			
V. Student Completion			
VI. Advisory Committees			
VII. Non-Traditional Students			
VIII. Other Topics for Discussion			
FINANCE			
I. School Budget			
II. Individual Program Budgets			
III. Tuition Calculations			
IV. Perkins Allocation			
V. Writing Enhancement Grants			
VI. Financial Aid / Scholarships			
VII. Other Topics for Discussion			
PERSONNEL / ADMINISTRATION			
I. Hiring Practices			
II. Certification Requirements			
III. Teacher Evaluation			
IV. Professional Development			
V. Communication with Faculty			
VI. Communication with Other Administrators			
VII. Communicating with School Boards			
VIII: Communicating with Sending Schools			
IX. Other Topics for Discussion			
INTRO. TO ISLLC LEADERSHIP STANDARDS			

	Mentor	Protégé
Signature		
Date		
School/District		
Title		
Address		
City, Zip		
Phone		
Email		