

Sree Gokulam Medical College & Research Foundation
Mentees Feedback Form for Mentors

1. Semester: _____
2. Mentor's Name: _____
3. Please tick the appropriate response regarding your mentor.

	Excellent	Good	Satisfactory	Poor
Approachable at any time of my need				
Supportive irrespective of my academic performance or personal prejudice				
Provides guidance regarding course or program				
Provides inspiration / motivation for me to excel				
Gives time and attention				
Provides answers to my queries				
Trustworthy, so I can confide my concerns				
Helps me with career guidance and research				
Skilled to address my problems				
Helps improving my self-confidence				
Helps me to balance work and personal life				
Provides thoughtful advice				
Boosts morale when needed				
Helps low-achievers to improve				
Helps high-achievers to do better				

