



Women's Jewelry Association
Metropolitan Chapter Mentoring Program

Mentor Evaluation Form

Name: _____ Date: _____

Phone: _____ Fax: _____ Email: _____

Mentee Name: _____

Did you find your mentoring experience a success/failure? Please explain _____

Did you find the match with your Mentee compatible with your career experience and professional and personal skills? _____

What were some significant learning experiences you shared with your Mentee? _____

Would you mentor another WJA member? _____

If no, please explain _____

Please provide your candid suggestions for developing and improving the Mentoring Program

Thank you for your time, participation, help and dedication to enriching and strengthening the career goals of WJA members. Your efforts are so important to fulfilling the mission of the WJA Metro Chapter.

Please mail your completed form to:

Mentoring Program Coordinator
Carolyn Jacoby
APC / SSPC (USA)
80 Wall Street, Suite 314
New York, NY 10005

or scan and email this completed form to: cjacoby@apcpearls.com