



Tell Us About Your Mentoring Experience!

At the conclusion of your mentoring sessions, the participants are asked to document basic information. This information is held in strict confidence by FRSA. The Mentor you used will not have access to your comments. This information will help evaluate the Mentors and the program.

Name: _____

Company: _____

Phone: _____ Cell phone: _____

Email: _____

Mentor's Name: _____ Mentor's City: _____

Did you travel to the Mentor or did they travel to you? _____

How far was traveled? _____ How many times did you meet? _____

Tell us about your experience (please be as detailed as possible and attach additional pages if needed):

My experience with the Mentor (not the program):

- Excellent - I would recommend this person!
- Great - I would use this Mentor again.
- Just OK - I might recommend this Mentor.
- Bad - My experience was not a good one.

My overall experience with the program:

- Excellent - I would recommend this program!
- Great - I would use this program again.
- Just OK - I might recommend this to a business associate.
- Bad - My experience was not a good one.

Any additional comments or suggestions (attach additional pages if needed): _____

Please return completed form to: FRSA, Attn: Gail Beitelman, PO Box 4850, Winter Park, FL 32793 or by fax at 407-679-0010 or by email: gail@floridarroof.com.