

Youth Mentor Peer Assessment Form

Mentor Details

Mentor Name

Peer Assessor Name

Date

Assessment Criteria

Communication Skills

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Leadership & Initiative

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Empathy & Listening

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Responsibility & Reliability

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Other Criteria/Comments

Strengths

What are this mentor's strengths?

Areas for Improvement

Suggestions for improvement

Additional Comments

Comments