## **Youth Mentorship Program Success Survey**

Name	
Email	
Age	
Mentor's Name	
INICII S Name	
Program Feedback	
Were your expectations met?	
	<u> </u>
What new skills or knowledge did you gain?	
How has the program helped you grow?	
Suggestions for improving the program?	
Mentor Interaction	
How supportive was your mentor?	
	<u> </u>
Any feedback for your mentor?	

Would you recommend this program to others?	
	•
Are you interested in participating again?	
	<b>•</b>