Disability Mentoring Program Evaluation Form (Hawai‘i)
Please help us to improve by completing this confidential evaluation form.

1. Where/how did you hear about Disability Mentoring Day?
   _____ received email from NTAC
   _____ received flyer in the mail from NTAC
   _____ saw advertisement on bulletin board
   _____ saw advertisement in newspaper
   _____ heard about DMD on the radio
   _____ Other (please specify) ________________________________

2. How would you rate your overall experience with Disability Mentoring Day?
   ___ Very Satisfied  ___ Satisfied  ___ Neutral  ___ Dissatisfied  Very dissatisfied

3. Would you recommend participation in Disability Mentoring Day to others?
   ___ Yes  ___ No

4. My mentee was enthusiastic, interested, and willing to learn.
   ___ Yes  ___ No
   Comments:________________________________________________________________
   ______________________________________________________________________

5. I gained valuable insight about working with persons with disabilities.
   ___ Yes  ___ No
   Comments:________________________________________________________________
   ______________________________________________________________________

6. Briefly, please describe what you did during your DMD experience? (i.e., what did you discuss?, in what types of work did your mentee participate?, etc.)
   ______________________________________________________________________
   ______________________________________________________________________

7. What did you like best about the mentoring/shadowing experience? What did you like least?
   ______________________________________________________________________
   ______________________________________________________________________

8. What problems did you encounter, if any? How did you solve them?
   ______________________________________________________________________
   ______________________________________________________________________

9. What do you think other employers should know about working with someone who has a disability?
   ______________________________________________________________________
   ______________________________________________________________________

10. Do you have any suggestions for improving the Disability Mentoring Day Program?
    ______________________________________________________________________
    ______________________________________________________________________

Thank you for taking the time to provide your feedback. We continually strive to improve our efforts. Please return this form in the envelope provided, or mail to NTAC-AAPI, ATTN: Christine Su, CDS, 1776 University Ave., UA 4-6, Honolulu, HI 96822. Mahalo!