



DISABILITY MENTORING DAY

Evaluation Form

Dear Disability Mentoring Day Participant:

We are sending this evaluation form to find out your opinion of your Disability Mentoring Day experience. Here are a few questions that we would like you to answer. Feel free to be completely honest with your answers. This questionnaire will assist us to make future Disability Mentoring Days as successful as possible.

1. I participated in Disability Mentoring Day on _____ (date).
2. I was a: _____ Mentor (Employer) _____ Mentee (Student/DRS Customer)
3. How would you rate your experience of Disability Mentoring Day?
 - a. _____ Great!
 - b. _____ Good!
 - c. _____ Average.
 - d. _____ Not worth it.
 - e. _____ A very bad experience.

4. Could this be a good employment match?

5. Would you participate in Disability Mentoring Day next year? Yes _____ No _____

6. What do you think would improve the experience of Disability Mentoring Day?

7. Other comments:

First Name: _____ Last Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Please complete within 2 weeks of event and fax to 630-892-7461 OR return via mail to:

DHS/DRS - ERS

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