Sample Closure/Termination Interview Form

Date: ______________________

Mentee’s Name: ______________________________________

Mentor’s Name: ______________________________________

Date of Matching: ___________________ Date of Termination: ___________________

1. What caused the termination?

2. Does the mentor have any suggestions for making the program more successful?

3. Does the mentee have any suggestions for making the program more successful?

4. Are there any misunderstandings or other issues to be resolved?

5. Would the mentor like to be rematched? ___ Yes ___ No

6. Would the mentee like to be rematched? ___Yes ___ No

Form completed by: ______________________________________________________

Print Name