

CONFIDENTIAL - to be reviewed only by Program Oversight Committee

Evaluation of the participant - Mentor

Participant did not complete program

Participant began program _____ Left program _____

Name(mentor) _____

Email _____ Preferred phone _____

Name of participant _____

Why did the participant leave the program?

Do you believe the participant would be able to complete the program later if her circumstances changed to permit it? Yes No Explain

Could something have been done that would have enabled the participant to finish the program successfully? Yes No Explain

Additional comments
