NORTHEAST NETWORK
of the
NATIONAL PARTNERSHIP for
Recruiting, Preparing, and Supporting FCS Educators

FAMILY & CONSUMER SCIENCES

FCS Monthly Progress Survey

Due first of the month following meeting.
Return to state coordinator (email)

* Required

1. Please type your name. *

2. What is your role? *
___Mentor
___Mentee

3. Which month are you reporting? *
___October
___November
___December
___January
___February
___March
___April
___May

4. Did you connect with your match partner this month?*
___Yes
___No
___Other

5. How would you rate the overall benefit of being in the program?*

1* 2** 3*** 4**** 5***** (Awesome)

6. Please share one success or benefit from meeting with your match and/or being involved in the FCS Peer Mentor Program during this month.

7. How can the program staff help you this month? If you need assistance, please explain in the "Other" response section or email (state coordinator)

___Nothing at this time
___Reimbursement request
___Concern with match
___FCS resources needed
___Suggestion for program

___Other:

Note:
This form is adapted from the FCS Mentoring Program sponsored by the Indiana University of Pennsylvania Center for Career and Technical Personnel Preparation.