

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



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.