

**University at Albany, SUNY
School of Information Science & Policy**

Experiential Education Mentor Evaluation Form

Name:

Institution:

Intern:

Completed 150 hours?

Yes

No

Date:

(Format: mm/dd/yyyy)

Please describe the projects completed by your intern:

Is there anything you would change about your experience as a mentor? Please describe:

What advice might you give to a future mentor?

