



NICU Parent Buddy Program

Program Evaluation- Mentor

Thank you for your volunteer service. We need your help to make sure the NICU Parent Buddy Program works well. Please respond to the following statements and provide comments to help us improve.

For each statement, circle the number that best represents your experience. Thank you!

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. The intake and orientation processes prepared me well for my role as a Buddy. <i>Comments</i> _____ _____	1	2	3	4	5
2. My mentee was a good match for me. <i>Comments</i> _____ _____	1	2	3	4	5
3. I feel supported by the Parent Buddy Leadership team. <i>Comments</i> _____ _____	1	2	3	4	5
4. I feel I am making a difference for my mentees and helping them cope with the NICU experience. <i>Comments</i> _____ _____	1	2	3	4	5
5. I am satisfied with the NICU Parent Buddy program in general. <i>Comments</i> _____ _____	1	2	3	4	5
6. I would recommend the NICU Parent Buddy program to another parent. <i>Comments</i> _____ _____	1	2	3	4	5

Additional comments and suggestions

Optional Name _____ *Date* _____



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