

APPENDIX C

CRIMINAL JUSTICE ACT MENTORSHIP PROGRAM

Western District of Virginia

MENTOR EVALUATION FORM

(To be prepared by Mentee)

MENTOR:

Name:
Address:
Office Telephone:
Cellular Telephone:
Email Address:

MENTEE:

Name:
Address:
Office Telephone:
Cellular Telephone:
Email Address:

1. **Mentee:** As part of your participation in the Western District of Virginia's Criminal Justice Act Mentorship Program (the "Program"), you must complete this Mentor Evaluation Form. *The information contained in this evaluation is confidential.* The information you provide will assist the Program in achieving its goal of training and selecting appropriate mentors. Please be as candid and thorough as possible. We are looking for your honest evaluation of the Mentor's performance. We want to ascertain if the Mentor was an effective teacher. Finally, please rate your Mentor on a scale of 1-5, with 5 being the highest rating of excellence. In using the rating system, please give concrete reasons for your ratings.
2. The Committee seeks your feedback and evaluation of the Mentor. The expectation of the Mentorship Program is that the mentee will be exposed to a myriad of issues across the spectrum of representation to include bail and release, discovery review, proffer sessions, plea negotiations, sentencing guideline calculations and negotiations, client interviews and conferences regarding various issues and themes, legal research and writing and possible evidentiary hearing, trial and/or sentencing.

3. Please note the caption and docket number of the case where you served as a Mentee.
4. Please list the aspects of the case in which you were involved.
5. Did you have enough time to complete the assignments you were asked to work on?
6. Did you receive adequate supervision and feedback?
7. Please rate your experience as a Mentee on a scale of 1 to 5, with five being the highest or excellent, and 1 the lowest or poor rating. Please give concrete reasons for your score.

8. Please set forth below any additional information you believe bears upon the Mentor's qualifications or ability to serve as a Mentor.
9. Please provide any suggestions or comments as to how to improve the Program.

PLEASE ENCLOSE YOUR COMPLETED EVALUATION FORM
AND ANY ATTACHMENTS IN A SEALED ENVELOPE MARKED
“CONFIDENTIAL”
AND FORWARD IT TO THE ATTENTION OF:

Clerk of Court
U.S. District Court
Western District of Virginia
210 Franklin Road, S.W., Suite 540
Roanoke, VA 24011

Alternatively, you may email it to the Clerk of Court at:
cja@vawd.uscourts.gov

I hereby declare, under penalty of perjury, that the foregoing answers are true.

_____, Virginia
Dated: _____, _____

Mentee's Signature