



Shivaji University, Kolhapur
Internal Quality Assurance Cell
Mentor Program: Questionnaire for Needs Assessment

MENTOR PROGRAM NEEDS ASSESSMENT STUDENT SURVEY

Name:

Male or Female:

Age:

Course of Study:

Name of Department:

Where do you live now (ex. Name of village or hostel, city):

What are your career and life goals?

What are the problems or obstacles in your course of study?

Who provides you moral support and encouragement?

What type of person would be the best mentor for you? Who do you feel comfortable with – what qualities should they have?

Do you have someone to talk with when you feel under pressure, worried, or have a question?

Would you like to have a person to talk with on a regular basis?

Are there any topics which you do not have anyone to talk with?

Please share any problems at home.

Please share any problems that may cause low marks or dropping the studies.

What problems might you have after completing degree?

What assistance do you need now to help prepare you to get a good job?

Is there anything you need help with?

Signature of the Student
(N.B. Please use additional sheets if required)

Signature of the Mentor