

Marriage Mentoring Evaluation Form

(Mail this form back to the church/organization)

Date: _____

Your Name: _____

Name of couple mentoring: _____

Rating System:

	1	2	3	4	5	6	7	8	9	10
	Poor				Average					Excellent

(Please select a number that best describes your relationship before and after mentoring.)

Before After

Rate your happiness in the relationship _____

Rate your ability to communicate _____

Rate your ability to negotiate _____

Rate your spiritual growth _____

How well did you connect with the mentor couple?

In what ways did the mentoring improve your relationship?

How can we improve the mentoring process?

General Comments: