



School _____ Site Visit Time & Date _____

During site visit, please review and update previously submitted site visit forms if necessary.

END OF YEAR ADVISOR RESPONSIBILITIES:

Initial after each line when completed.

- All program activities entered into MESA Information Management System (MIMS). _____
- 1. All meetings/tutoring sessions entered into MIMS. _____
- 2. Review of open MESA Purchase Order list to ensure billing accuracy. _____
Regional Coordinator will provide PO list at site visit.
- 3. Review of school STEM course offerings and descriptions (HS only). _____
Please provide RC with school course catalog.

Student Meetings Total:	Tutoring Sessions Total:	Parent Meetings Total:

What are your goals for improving your MESA program next year?

Overall Outstanding Student Name:	Grade:

Regional Coordinator Comments:

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School _____ Site Visit Time & Date _____

ADVISOR SELF-EVALUATION:

Each advisor should complete evaluation individually. Make additional copies as needed.

ADVISOR NAME: _____

Please rate your performance this year as:

1=Definite Improvement Needed 2=Some Improvement Needed 3=Average 4=Good 5=Excellent

1. Your working relationship with NM MESA students.	1	2	3	4	5
2. Your working relationship with NM MESA parents.	1	2	3	4	5
3. Your working relationship with faculty at your school.	1	2	3	4	5
4. Your working relationship with your NM MESA Advisor team, if applicable	1	2	3	4	5
5. Your working relationship with your school administration.	1	2	3	4	5
6. Your working relationship with your Regional Coordinator.	1	2	3	4	5
7. Your attendance at regional/statewide MESA meetings.	1	2	3	4	5
8. Your success in recruiting students.	1	2	3	4	5
9. Your success in establishing tutoring sessions.	1	2	3	4	5
10. Your success in arranging field trips/guest speakers/workshops.	1	2	3	4	5
11. Your success in arranging leadership activities.	1	2	3	4	5
12. Your success in monitoring student Academic Progress.	1	2	3	4	5
13. Your record keeping procedures.	1	2	3	4	5
14. The overall effectiveness of the NM MESA program at your school.	1	2	3	4	5
If you scored yourself as a 3 or lower, please explain your response.					

Advisor/s Signature	Date	Administrator Signature Date Regional Coordinator Signature Date

Administrator Signature required.