



Annual Mentoring Evaluation FORM

Mentee Evaluating the Mentor

DIRECTIONS: This 2 part evaluation reviews mentors and should be completed by the mentee. When you have completed each section discuss highlights with your mentoring partner, and give a copy to the chair of the Pediatrics' Faculty Development Committee (FDC).

Part 1: Survey

Directions: Click one selection box per question which best describes your opinion regarding your Mentor.

	N/A	YES	NO	MAYBE	DON'T KNOW	MENTORING CRITERIA
1.	<input type="checkbox"/>	Was your mentor <i>easy to approach</i> and talk with?				
2.	<input type="checkbox"/>	Did/does your mentor offer advice and encouragement from you with respect to your independent goals?				
3.	<input type="checkbox"/>	Did/do the two of you meet regularly?				
4.	<input type="checkbox"/>	Did/do you receive regular feedback and constructive criticism?				
5.	<input type="checkbox"/>	Did your mentor facilitate participation in professional activities outside of the institution (regional, state, national organizations)?				
6.	<input type="checkbox"/>	Did your mentor involve you in networking? ... Did your mentor invite you to informal gatherings of people from work?				
7.	<input type="checkbox"/>	Did your mentor act as your advocate on your behalf within the department or division?				
8.	<input type="checkbox"/>	Did your mentor encourage you to submit grant applications, help you develop research ideas and push you to write manuscripts?				
9.	<input type="checkbox"/>	Did your mentor connect you to other senior professionals who could "fill in the gaps" in areas where you might be less skilled?				
10.	<input type="checkbox"/>	Did your mentor observe you in a teaching situation and provide feedback on these critical skills?				
11.	<input type="checkbox"/>	Did your mentor exhibit integrity?				
12.	<input type="checkbox"/>	Did your mentor hold each of you to high standards?				
13.	<input type="checkbox"/>	Did you establish a written plan including goals to be met under the direction or guidance of your mentor?				
14.	<input type="checkbox"/>	Were the guidelines established at the beginning defining how often or when you would meet on a routine basis?				

Mentoring Program



15. Did the two of you determine at the beginning of the relationship, guidelines by which to evaluate the success of the relationship?
16. Did you and your mentor complete the goals planned?
17. Were you happy with the frequency of meetings?
18. Were you happy with the style of mentoring in your relationship?
19. Did the relationship meet your expectations?

Part 2: Your personal statements about your mentor.

Directions: Describe in the **grey box** using your own words, what ever length you may need to express your answers.

1. Your Partnership

- a. What are/were two of the most beneficial development activities you did/ do?

- b. What is the most beneficial change you identified in yourself as a result of your mentorship?

2. Personal Growth

- a. As the result of having a mentor, I've gained the following knowledge, skills, and/or attitude change:

- b. Other benefits I've received from this mentoring relationship:

- c. Something I plan to do or have done more of as the result of the relationship:

3. Our Relationship

- a. Ways, if any, this mentoring partnership could be more effective:

- b. Recommendations I'd make to other mentor-mentee pairs:

- c. General Comments on the mentoring initiative or partnership: