### Department of Pediatrics

### University of Washington School of Medicine

### Non-Research Mentor Evaluation Form

*\*use Research Mentor Evaluation Form for Research Mentorship*

Mentor’s name: Click or tap here to enter text.

Mentorship timeframe: from Click or tap to enter a date. to Click or tap to enter a date.

Your name: Click or tap here to enter text.

Your current position: Click or tap here to enter text.

Areas of mentorship (i.e., career, work/life balance, etc.): Click or tap here to enter text.

### **Please evaluate the Mentor on the following items, using a 4-point scale rating system:**

Poor Outstanding

1. Meets with me regularly 1 2 3 4 N/A
2. Provides adequate time for unhurried discussions 1 2 3 4 N/A
3. Reviews my work thoughtfully, carefully, and constructively 1 2 3 4 N/A
4. Promotes original thinking 1 2 3 4 N/A
5. Offers specific suggestions that I can use 1 2 3 4 N/A
6. Assists in developing ideas into viable paths 1 2 3 4 N/A
7. Makes me feel comfortable about raising concerns and asking 1 2 3 4 N/A  
   for help
8. Gives me constructive feedback 1 2 3 4 N/A
9. Serves as a good role model of professionalism (excellence, 1 2 3 4 N/A  
   integrity, respect, accountability) in science
10. Helps me network with professional colleagues in my area 1 2 3 4 N/A
11. Overall, provides support for my development 1 2 3 4 N/A

Comments:

Click or tap here to enter text.

### Please return completed form to [UWPedsFA@seattlechildrens.org](mailto:UWPedsFA@seattlechildrens.org)