### 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 the requesting Division Administrative Staff