### Department of Pediatrics

### University of Washington School of Medicine

### Research Mentor Evaluation Form

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.

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

Other comments about items above:

Click or tap here to enter text.

List publications and submitted manuscripts that were a result of the work that you did under guidance of your mentor:

Click or tap here to enter text.

List grant applications (and note which were funded) that you submitted with guidance from your mentor:

Click or tap here to enter text.

Please return completed form to the requesting Division Administrative Staff