

Scholarly Activity Oversight Committee

Fellow Evaluation of Mentor - Input Report Month & Year

Name of Fellow:

Name of Mentor:

Today's Date:

1. My mentor meets with me regularly and/or is available to meet when I need him/her.

YES NO

Comments:

2. My mentor reviews my progress with me quarterly and communicates clear expectations about my progress within the agreed upon timeline.

YES NO

Comments:

3. Please provide your comments about the mentoring process and suggestions for improvements.