

Evaluation of Mentoring Activities

RE: _____ Date: _____

ACTIVITY: Career Development: Developmental Pathways to Academic Success

Evaluation submitted by: Student PostDoc Fellow Other **Junior Faculty**

The Department of Medicine is greatly interested in improving the teaching of fellows and all other health professionals. For the instructor named above, please circle the number which indicates the degree to which you believe each item is descriptive of him or her.

	Not at all Descriptive	Very Descriptive	Doesn't apply
1. Mentor is knowledgeable in the field and has command of the subject .	1 2 3 4 5 6 7 8 9 10	10 9 8 7 6 5 4 3 2 1	<input type="checkbox"/>
2. Mentor presents material in an analytic way, contracts various points of view, discusses current developments.	1 2 3 4 5 6 7 8 9 10	10 9 8 7 6 5 4 3 2 1	<input type="checkbox"/>
3. My knowledge of the subject matter increased as a result of this experience.	1 2 3 4 5 6 7 8 9 10	10 9 8 7 6 5 4 3 2 1	<input type="checkbox"/>
4. Mentor is available, accessible, and meets appointments.	1 2 3 4 5 6 7 8 9 10	10 9 8 7 6 5 4 3 2 1	<input type="checkbox"/>
5. Mentor enjoys teaching; is enthusiastic about the subject; makes the material exciting.	1 2 3 4 5 6 7 8 9 10	10 9 8 7 6 5 4 3 2 1	<input type="checkbox"/>
6. Mentor is effective in providing guidance in the technical and intellectual aspects of research.	1 2 3 4 5 6 7 8 9 10	10 9 8 7 6 5 4 3 2 1	<input type="checkbox"/>
7. Mentor provides feedback.	1 2 3 4 5 6 7 8 9 10	10 9 8 7 6 5 4 3 2 1	<input type="checkbox"/>
8. Overall rating of this Mentor compared with others you have had at UCLA (10 is best)	1 2 3 4 5 6 7 8 9 10	10 9 8 7 6 5 4 3 2 1	<input type="checkbox"/>

COMMENTS (including suggestions for improvement): _____

Evaluator (Mentee): _____
Print Name Signature