

**Mentoring Academy for Research Excellence
Faculty Mentor Evaluation Form**

Name of Mentee (optional): _____

Department (optional): _____

Academic Title (optional): _____

Phone/Email (optional): _____

Name of Mentor: _____

Type of Mentoring (check all that apply):

Education/Teaching Research Clinical Leadership

Duration of Time: 6 mo 1 yr 2 yrs 3+ yrs

Number of mentor/mentee meetings over duration of time.

Scoring

1 point = poor; 3 = average; 5 = outstanding

Criteria for Assessing the Mentor	1	2	3	4	5
Creativity and Feedback Listens and stimulates creativity, provides constructive feedback, and encourages broader thinking					
Career Advancement Encourages making priorities in career advancement and leadership development, and provides guidance on UC advancement policies					
Professional Relationships Supports networking and professional contacts, and gives mentee appropriate credit whenever possible					
Work/Life Balance Advocates a supportive and positive professional relationship and helps the mentee strike a balance between work and personal life					
Role Model Is a role model and demonstrates integrity in professional and personal interactions					

Additional Comments on Mentor:

Comments on this Form/Process: