**Mentee Assessment (update 6-month intervals)**

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| --- | --- | --- | --- | --- |
| **Mentee**:  **Division** | | **Mentor:**  **Dept/Division** | | |
| **Mentor Summary**: | | | | |
| **Area of Excellence** | **Where am I now?** | **Goals** | **Strategies** | **Timeline** |
| **Scholarship**   * **Peer-Reviewed Publications** * **Book Chapters** * **Invited lectures** * **Funding** |  |  |  |  |
| **Teaching**   * **Curriculum developed** * **Courses** * **Student/resident/fellow mentoring** * **Teaching evaluations** * **Mentee outcomes** * **Teaching awards** |  |  |  |  |
| **Institutional-Professional Service**   * **SOM/UMMC committees membership/leadership** * **Departmental service** * **Professional society service/leadership** * **Journal and grant reviews/editorial positions** * **Community service** |  |  |  |  |
| **Clinical (Effort)**   * **Clinical expertise** * **Clinical programs developed/expanded** * **Patient metrics** |  |  |  |  |

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Division Head Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_

**Mentor Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with permission of R. Viscardi MD (Pediatrics)