UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Teaching portfolio Student/Mentee Form

Candidate's Name _____

Reviewer's Name _____

Year Range Taught/Mentored
(format YYYY-YYYY) _____

Teaching/mentoring relationship (medical student, fellow, research associate, etc.):

Reviewer's current position and institution:

Below, describe the candidate's effectiveness as a teacher or mentor based on your experience.
(Do not exceed the text box; do not recommend/mention promotion; no salutation or signature block)

Signature: _____ Date: _____