



### 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.):

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Reviewer's current position and institution:

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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: \_\_\_\_\_