STANFORD DEPARTMENT OF NEUROLOGY MENTORSHIP MEETING REPORT

Mentee Name: ___________________________ Mentor Name: ___________________________

Time Allocation as Estimated by Mentee:

____ % Patient Care
____ % Teaching/Training
____ % Scholarship
____ % Administration/Other Services

No ___  Yes ___ Would the Mentee like a different effort distribution
If yes, how:

Description of Primary Job responsibilities:

No ___  Yes ___ Would the Mentee like a different job description?
If yes, in what way:

No ___  Yes ___ Does the mentee appear to understand the career promotion process?
If no, comment:

No ___  Yes ___ Adequate academic/professional/financial support?
If no, comment:

What are the Mentee’s goals for the coming year?
1. Goal:
   Expected outcome:

2. Goal:
   Expected outcome:

3. Goal:
   Expected outcome:

What work environment is expected or desired for 5-10 years from now?

List several factors impeding or potentially impeding achievement of goals

Other issues discussed (do not include sensitive personal issues):

Mentor:  _________________________________________  Date:  _______
Print name here below signature

Mentee:  _________________________________________ Date:  _______
Print name here below signature

Return completed form to Bob Pulliam—rpulliam@stanford.edu