

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:

Print name here below signature

Date: _____

Mentee:

Print name here below signature

Date: _____