

# Faculty Mentor Evaluation Form

Mentor Name \_\_\_\_\_ ID: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_ Evaluator Title: \_\_\_\_\_

Period of Evaluation:  Fall  Spring Year: \_\_\_\_\_

*\*Requires Explanation*

**Comments, Recommendations and/or Explanations**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have participated in a discussion of this evaluation:  Yes  No

\_\_\_\_\_  
Mentor's Signature Date

\_\_\_\_\_  
Evaluator's Signature Date