Faculty Mentor Evaluation Form

Mentor Name Evaluator Name:		ID:				
		Evaluator Title:				
Pe	riod of Evaluation: ☐ Fall ☐ Spring Year:		<u> </u>			
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1.	HUMAN RELATIONS	Exceeds Expectations	Meets Expectations	Needs Improvements*	Does Not Meet*	
	Demonstrates sensitivity to the needs of students and colleagues. Provides clear and effective oral and written communication.					
2.	RESPONSIBILITY Consistently acts in a responsible and reliable manner. Maintains complete student records.					
3.	ATTENDANCE Regularly sponsors whole group, small group and individual meetings with students. Attends professional development activities					
4.	ADAPTABILITY Readily accepts direction, changes, and carries out instructions with a positive attitude.	_				
5.	OVERALL PERFORMANCE					
				*Requires	Explanation	
Co	omments, Recommendations and/or Explanations	S		•	•	
I h	ave participated in a discussion of this evaluation:	□ Yes □ No				
Mentor's Signature Date		Evaluator's Signature			Date	