**XXXXX MENTORSHIP PROGRAMME**

**3 MONTH MENTEE QUESTIONNAIRE**

Dear Colleague

You are receiving this survey because you are part of the XXXXX Mentorship Program.

In order to be able to make changes to pairings and to evaluate the success of the program, we require periodic evaluations. This is an initial 3-month evaluation that should only take a few minutes to fill out.

The questions are divided into those evaluating the mentorship structure and your experience of the mentorship process.

Please return within 2 weeks.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mentorship structure**

1. What is your full name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Who is your mentor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Who is your SIOP-YI contact person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Have you made contact with your mentor? (*delete as appropriate*)

YES NO

* 1. If yes, how many times have you interacted with your mentor? \_\_\_\_\_\_\_ times
  2. If no, how many times have you attempted to contact your mentor?

\_\_\_\_\_\_\_ times

1. If you have established contact with your mentor, have you reviewed and agreed on goals? *(delete as appropriate)*

YES NO

1. How much time passes between communications between you and your mentor? *Tick as appropriate*

1-3 weeks ( ) 4-6 weeks ( ) 7-9 weeks ( )

10-12 weeks ( ) Over 12 weeks ( )

1. What is your preferred method of communication?

*Please tick your preferred option*

Phone ( ) E-mail ( ) Video conference ( )

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mentorship experience**

1. Please rate your interaction with your mentor by marking the option that you feel applies to you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| The relationship mentor-mentee has been active |  |  |  |  |  |
| We established specific goals for number of visits/interactions |  |  |  |  |  |
| We established a defined type of project on which to work |  |  |  |  |  |

1. Please list the agreed on goals between the mentor and mentee:

( ) Career development

( ) Research project

( ) Job search

( ) Scientific presentation (poster/oral)

( ) Manuscript publication

( ) Networking

( ) Involvement in disease committee work

( ) Manuscript preparation

( ) Work – life balance

( ) Grant writing/submission

( ) Clinical expertise

( ) Other (please specify)

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1. If you have formally planned or started a project: please describe the project

Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description:

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1. If you have not designed a project, please describe what you feel are the next steps in your interaction with your mentor

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1. Please provide any comments about the obstacles you found in the goal making process

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1. Please provide any additional comments or suggestions about the program

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