**XXXXX MENTORSHIP PROGRAMME**

**1 YEAR MENTEE QUESTIONNAIRE**

Dear Colleague

You are receiving this survey because you are part of the XXXXXX 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 the 1 year 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. In the last year, how many times have you attempted to contact your mentor?
\_\_\_\_\_\_\_ times
5. In the last year, how many times has your mentor attempted to contact you?

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

1. In the last year, how much time passed 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the last year, what has been the role of your mentor? *Check all of the following that apply*

Teacher ( )
Counselor ( )
Advisor ( )

Sponsor ( )
Resource ( )
None of these ( )

**Mentorship experience**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Not applicable |
| So far, your expectations of the mentorship program matched your mentor’s |  |  |  |  |  |  |
| So far, your expectations of time commitment matched your mentor’s |  |  |  |  |  |  |
| The relationship mentor-mentee has been active  |  |  |  |  |  |  |
| My mentor is supportive and encouraging |  |  |  |  |  |  |
| My mentor has been helpful in providing direction and guidance on professional issues |  |  |  |  |  |  |
| My mentor has been answering my questions satisfactorily (e.g. timely, clear) |  |  |  |  |  |  |
| My mentor challenges me to extend my abilities |  |  |  |  |  |  |

1. Please check all of the following arising from your interaction with your mentor:

( ) 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. Have you formally started a project with, or facilitated by your mentor?

( ) Yes ( ) No

1. If you have formally started a project: please shortly describe the progress of this project the past year

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1. If you have not formally started a project, please describe why not.

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1. Please provide any comments about obstacles in the Mentorship Program you encountered last year

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1. Please provide any additional comments or suggestions for changes to the program

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