

Cleveland Clinic Office of Civic Education Initiatives
Career Experience & Shadowing Program
Mentor Evaluation of Student

Thank you for hosting a student in your area. Please take a few minutes to complete and return this evaluation form. This will provide valuable feedback not only to the program but to the student as well. It is hoped that they will be able to focus and maintain their strengths and at the same time correct and improve performance areas that need attention.

Today's Date _____

Student's Name _____

Mentor's Name _____

Department _____

Placement start date _____ End date _____

Please rate each of the following statements according to criteria listed and entering the appropriate number in the box next to the statement:

Category I ATTENDANCE/PUNCTUALITY

- Student's attendance during their placement/project was
 5 - excellent 4 - good 3 - satisfactory 2 - inconsistent 1 - unsatisfactory
- Student arrived at agreed upon start time and remained until agreed upon end time
 5 - excellent 4 - good 3 - satisfactory 2 - inconsistent 1 - unsatisfactory

Category II ADAPTABILITY

- Student adhered to institution/department policies, including institution/department dress code
 5 - excellent 4 - good 3 - satisfactory 2 - inconsistent 1 - unsatisfactory
- Student followed directions as given
 5 - excellent 4 - good 3 - satisfactory 2 - inconsistent 1 - unsatisfactory

Category III WORK ETHICS & ATTITUDE

- Student showed interest in their experience and sought opportunities to increase knowledge about department (through conversation, observation, asking appropriate questions)
 5 - excellent 4 - good 3 - satisfactory 2 - inconsistent 1 - unsatisfactory
- Student interacted with and showed respect to other department members in a friendly and positive manner
 5 - excellent 4 - good 3 - satisfactory 2 - inconsistent 1 - unsatisfactory
- Student presented positive professional attitude at all times (in dress, mannerisms, language, behavior, etc)
 5 - excellent 4 - good 3 - satisfactory 2 - inconsistent 1 - unsatisfactory
- Student was able to verbalize experiences & asked appropriate questions for clarification and understanding
 5 - excellent 4 - good 3 - satisfactory 2 - inconsistent 1 - unsatisfactory

Category IV CORRECTIVE AREAS

Student needed to be reprimanded about (check all appropriate items)

- _____ poor attendance or punctuality
- _____ poor adherence to department/Cleveland Clinic policies
- _____ poor ethics, attitude or professionalism

Category V PROGRAM SUPPORT

The Office of Civic Education Initiatives Career Experience & Shadowing Program:

- | | | | | |
|--------------------------|---|-----|----|-----|
| <input type="checkbox"/> | Provided adequate information about participating student | Yes | No | |
| <input type="checkbox"/> | Informed mentors of program/student requirements | Yes | No | |
| <input type="checkbox"/> | Communicated schedule changes and information | Yes | No | N/A |
| <input type="checkbox"/> | Handled/assisted with student discipline problems appropriately | Yes | No | N/A |
| <input type="checkbox"/> | Provided meaningful evaluation of students and program | Yes | No | |
| <input type="checkbox"/> | I would be willing to host a student again | Yes | No | |
-
- Amount of time required for the student to spend in my area was (circle one)
- to long too short adequate

Category VI MENTOR COMMENTS/SUGGESTIONS

Mentor's Signature: _____ Date: _____

Please sign and return completed evaluations to Nedra Starling at TR307.
If you have any questions, please contact Nedra Starling at 216.297.8304 or starlin@ccf.org



Cleveland Clinic Office of Civic Education Initiatives
Career Experience & Shadowing Program

Verification of Student Hours

Student's Name _____

Mentor's Name _____

Department _____

Placement start date _____ End date _____

Date	Day	Start Time	End Time	Break/Lunch	Total Hours
6/18 SAMPLE	MONDAY SAMPLE	9:30 AM SAMPLE	3:00 PM SAMPLE	30 min SAMPLE	5 SAMPLE

- Enter each date and day of the week that you shadow
- Enter your start and end time for each day.
- Include total of all breaks and lunch time in the Break/Lunch column.
- Subtract total of all breaks and lunch time from your total hours.
- Sign and date form
- Have your mentor sign and date form
- Copy and use additional forms as needed
- Fax to Nedra Starling 216.297.8304

Student Signature Date

Supervisor/Mentor Signature Date