



Meeting Date: _____

Meeting #: _____

Name of Investigator (Division): _____ (_____)

Career Track: _____

Mentors (Division): _____ (_____)

_____ (_____)

Mentorship checklist

(complete all sections by inserting a checkmark where indicated, and/or add comments as needed)

ITEM	Satisfactory	Unsatisfactory	N/A	Comments
A) Infrastructure support for research				
Time Protection				
Adequacy of Facilities				
Equipment needs				
Personnel Support				
Collaborative Support				
Support from Division Head, Div. members				
B) Research Directions				
Project(s) underway and planned				
Overall research focus and long-term directions				
C) Research Productivity				
Abstracts				
Presentations				
Manuscripts				
Other				

ITEM	Satisfactory	Unsatisfactory	N/A	Comments
D) Grants				
Current funding				
Applications pending				
Opportunity for salary awards, operating grants				
E) Research Training Opportunities				
- Graduate students				
- UG student supervision				
- Post-graduate trainees				
F) Other issues				

Comments from Mentors re the progress of the investigator:

Comments from the Mentee (investigator):

Overall Assessment (include areas to be addressed in advance of next meeting):



Proposed date for next meeting: _____

Signatures:

Mentee: _____

Mentors: _____

Please complete and submit to dommentorship@toh.ca