SCHOOL OF EDUCATION

*Clinical Mentor Questions*

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mentor Name and Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Professor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Submitted in writing, via e-mail, in-person or via telephone conference:

1. Please give your overall impression of this student and his/her commitment to the clinical experience?

1. What did you observe to be this student’s strongest leadership traits and talents?

1. How would you describe this student’s rapport with staff, students, colleagues and parents?
2. Did you observe or detect any “red flags” with this student?
3. Do you see this student as a successful leader or administrator?

|  |
| --- |
| Responses will be kept confidential! If the mentor chooses s/he may share with the student. |