**Nursing Mentee Evaluation Form**

**Mentorship Details**

* **Mentor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Mentee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Clinical Area/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation Table**

| **Skills Assessed** | **Excellent** | **Good** | **Satisfactory** | **Needs** **Improvement** | **Additional** **Notes** |
| --- | --- | --- | --- | --- | --- |
| **Clinical Knowledge** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |  |
| **Patient Care Techniques** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |  |
| **Team Collaboration** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |  |
| **Ethical Decision-Making** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |  |
| **Professional Development** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |  |

**Goals for Future Growth**

* **Short-Term Goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Long-Term Goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Section**

* **I have discussed and reviewed this evaluation.**
* **Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Mentee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**