

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:** _____