

DNP STUDENT EVALUATION OF ORGANIZATIONAL MENTOR

Student Name: _____ Date: _____

Organizational Mentor Name and Agency:

Course Name & Number:

Please indicate with a check mark how you experienced or perceived your organizational mentor.

	Seldom	Sometimes	Frequently	N/A
Available to student				
Responsive to the student				
Demonstrates understanding of the mentor role				
Demonstrates understanding of the Practice Inquiry project and his/her role in development & implementation.				
Serves as an effective role model for leadership and management principles				
Provided agency orientation for the student and faculty including agency policies and procedures, equipment and pertinent staff prior to the start of the practicum experience.				
Demonstrates strong positive interpersonal skills with other members of the health team.				
Demonstrates negotiation and conflict management skills				
Facilitates student's identified goals and objectives.				
Encourages student to assume responsibility and accountability throughout the semester				
Demonstrates critical thinking process				
Considers student's background and level of competence				
Provides feedback, when questions or situations arise, which is timely and appropriate				
Assists student in decision making process related to project				
Allows student to suggest alternatives to the mentor's ideas				

Suggests and provides additional learning experiences, when appropriate				
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Additional Comments:

Student Signature:

Please complete and submit to faculty of course in D2L dropbox.