


Mentor Form

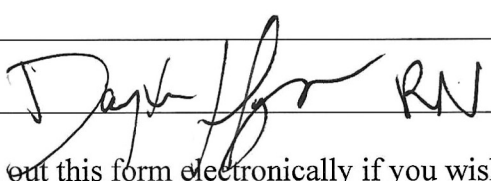
Student Name: Sarah Godfrey

Semester: Junior 1

Date 11/27/2023

Clinical Site: Sanford OR

| Expectations | Very Good | Good | Fair | Needs Improvement | Unsatisfactory |
|--|--|------|------|-------------------|----------------|
| The student introduced him or herself to the mentor. |  | | | | |
| The student behaved in a professional manner during the clinical experience. | | | | | |
| The student asked appropriate questions during the experience. | | | | | |
| The student shared the objectives for this experience with the mentor. | | | | | |
| The student came to the clinical experience at the designated time. | | | | | |
| The student displayed interest in the clinical area and the information presented. | | | | | |
| Comments: <u>Several great questions! Goodluck! 😊</u> | | | | | |

Signature of mentor: 

Please feel free to fill out this form electronically if you wish. The web address is listed below. Please use your mouse to sign the evaluation. We thank you for all you do for our students in the University of Mary Undergraduate Nursing division!

<https://fs16.formsite.com/assesswow/ggqw5cbmbk/index.html>.