

Mentee Form



Background Information

Name: _____ Pronouns: _____

Educational Background (include undergraduate education, veterinary school, additional degrees and certifications, including and mentorship and DEIB courses completed)	
Special Interest Areas (i.e., areas of medicine, communication, hobbies)	
Describe your teaching style	
Describe your learning style (i.e., book learning, visual learner, audio learner, prefer hands on)	
If you would like to share any other information about yourself here, please feel free to use this space	
Are there any boundaries that you wish to set for the mentoring relationship?	
What is your preferred way to deliver and receive feedback?	

Mentee Form, continued

Mentoring Details	
Why are you investing in this mentoring relationship as a mentor?	
Describe your ideal mentoring relationship	
What are your goals for this mentoring relationship?	
What is your preferred method of communication?	<input type="checkbox"/> Face to face <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Social Media (specify platform):
Do you have limitations on your time that the mentee should be aware of? (i.e., are there particular days, times of day, or chunks of time when you know you will not be available or have consistent limited availability)	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please elaborate):
Have you completed any mentor/mentee training?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If not, when will you complete this training?	