

Mentoring Request and Evaluation Tool

*This tool will help us customize your mentoring request to meet your needs.
It will also provide us with valuable feedback for learners requesting similar experiences in the near future.*

Please complete Part 1 of this tool, and return it to Gina Tomaszewski via email:

gina.tomaszewski@lhsc.on.ca OR fax: 519-663-3753 (please notify us if you are sending it by fax)

Retain a copy of this tool for your records. You will complete, and return Part 3 of this tool to the address above upon completion of your learning experience.

Part 1: Learner/Participant Goals *(To be completed by the participant)*

Name: _____

Title: _____

Organization: _____

Best dates and times for your mentoring experience: _____

Possible location(s) or site(s) for your mentoring experience: _____

Telephone # where you can easily be reached and best days & times to contact you:

Your goals for the session are:

Part 2: Session *(To be completed by Regional Stroke Education Coordinator or District Stroke Coordinator)*

Name of session: _____

Date of Session: _____

Location: _____

Length of Session: _____

