

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 swostrokestrategy@lhsc.on.ca. **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: _____

Name and Contact Information of Mentor: _____

Part 3: Evaluation of Learning Experience *(To be completed by the Participant at the conclusion of the mentoring experience)*

Actual Date of Experience: _____ **No. of hours:** _____

1. Do you feel you have reached your goals?
Circle one: Somewhat Yes No

If you have selected "Yes" or "Somewhat" please explain why.

2. If you have responded "No" to question #1 please describe your next steps in terms of reaching your goals.

3. Are there any changes you will make to your practice based on this experience? Please describe below:

4. Are there other areas related to stroke that you would like further assistance with. Please describe below:

5. If we were to arrange a similar experience for future learners can you offer us any suggestions or recommendations that would help to make the experience better. Please describe below:



Thank you for taking the time to complete this evaluation.

Please submit to swostrokestrategy@lhsc.on.ca.