**Department of Psychology Annual Faculty Mentoring Report Form**

**Faculty member:**

**Mentor(s), please list affiliation if not UB Psychology:**

**Date of previous review (if applicable):**

**Date of current review:**

**Topics Discussed**

**Please indicate whether each of the topics below was discussed and enter any clarification or specifics in the comments area as needed.**

**Research Program** (e.g., publication number/quality, grant applications, independent thematic program, impediments)

Discussed: Yes or No

Comments:

**Teaching** (e.g., course selection, discussion of any concerns noted in evaluations)

Discussed: Yes or No

Comments:

**Service** (e.g., committee membership, allocating appropriate time)

Discussed: Yes or No

Comments:

**Work‐Life Balance** (e.g., local support resources, familiarity with university policies related to family leave)

Discussed: Yes or No

Comments:

**Mentoring Process** (e.g., identification of goals, progress toward goals, evaluation of quality of mentoring)

Discussed: Yes or No

Comments:

**Updated CV** (please discuss and attach a copy)

Discussed: Yes or No

Comments:

The above report accurately reflects the list of topics and issues discussed by the faculty member/mentee and the mentor during a formal meeting or at some other time between the previous and present reviews.

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| --- | --- | --- | --- | --- | --- |
| **Faculty member typed name:** |  | **Faculty member signature:** |  | **Date:** |  |
| **Mentor typed name:** |  | **Mentor signature:** |  | **Date:** |  |
| **Chair** **typed name:** |  | **Chair****signature:** |  | **Date:** |  |