**PSYCHOLOGY DEPARTMENT**

**Faculty Mentoring Form for Graduate Student Instructors**

Formal evaluation of graduate student instruction must be done by the student’s primary advisor, a faculty member who regularly teaches the course, or some other faculty member with appropriate expertise; however, if the chosen mentor has not taught the course, the student and mentor must formally consult with a faculty member who has taught the course.

1) Graduate student instructor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Faculty mentor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Faculty consultant name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) Course number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) Number of mentor-student meetings before the class began: \_\_\_\_\_\_\_\_

7) Mentor approved course syllabus before class began: \_\_\_\_\_ YES \_\_\_\_\_ NO

8) Class Observations: ***Two observations required for Fall/Spring, one for Summer***

Date of *first* class observation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of *second* class observation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9) *OPTIONAL narratives:*

(a)Attach a narrative evaluation of instructor’s development of course materials, syllabus, slideshows, etc.

(b) Attach a narrative discussion of the first class observation, feedback, suggestions, etc.

**10) REQUIRED narrative**: Attach the faculty mentor evaluation of course instruction (add additional pages or attach separate letter, if needed)

Head or DGS Mentor Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_

Graduate Student Instructor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Faculty Mentor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Faculty Consultant Signature (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

*Form Created 10/2019*