## Assistantship Program Mid Semester Evaluation

## LEAD Scholars Program

To be completed by the LEAD Scholar							
Stude	Student Name:			Date:			
Facult	xy/Staff Name	& Departn	nent:				
and su	iggestions ma	de on this f	assess the succes form may be sha the assistantship	red with the	faculty member		
<u> </u>	Please share this information with the faculty member or administrator of my assistantship. Please DO NOT share this information with the faculty member or administrator of my assistantship.						
1.	Rank your experience in your assistantship thus far in the semester:						
	(Poor)	1	2	3	4	5	(Excellent)
	What can yo	ou or your f	erience as a 3 or aculty member/a	administrator	do differently	to improve th	ne experience?
2.	Approximately how many hours per week are you spending with your faculty member or administrator in one-on-one supervision or mentoring?						
3.	Do you feel you have developed a positive mentoring relationship with your faculty member or administrator? Why or why not?						
4.	•		eak with someor t the issue and th				•

Please return this form to the Stacey Malaret via email or to the LEAD Scholars Program Office, SU 207, +0126