

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE



Department of Radiology

Contact: uradment@u.washington.edu

Suggested Mentoring Activity Report

To be completed and kept by Faculty Member

Month, Year: _____

Mentor: _____

Mentee: _____

Date	Time Expended	Activity	Purpose
Ex: 8/2	1 hour	Meeting	Review development plan discuss objectives
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____