### Instructions for Completing Mentoring Committee Report Form

1. Maintain the formatting of the Mentoring Committee form as much as possible by numbering items and listing them in the corresponding cell.
2. Put N/A in any section that is blank or not applicable.
3. Please list publications and grants (if applicable) in chronological order (Old to New).
4. List the academic title, administrative title, and Division for each Mentoring Committee member.
5. Introduce every acronym before using it in the form. The first time you use the term, put the acronym in parentheses after the full term. Thereafter, you can stick to using the acronym.

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| Mentoring Committee Report Form  Clinical, Research, Tenure Tracks | | | | |
| Department of pediatrics | | | | |
| ***Mentee to complete boxed section below and on last page (6 months to 2-3-year goals) and send to individual mentoring committee members one week prior to meeting.*** | | | | |
| **Mentee Name:** | | | | |
| **Rank:** | | **Track:** | | |
| **Date of Meeting:** | | **Date of last Appointment/Promotion:** | | |
| **Current Profile of Activity (% time):** | **Research:** | **Clinical:** | **Education:** | **Administration:** |
| *(Use current estimates of time spent on each mission area)* | | | | |
| SECTION TO BE COMPLETED BY INDIVIDUAL MENTORING COMMITTEE | | | | |
| **Committee Members Attending (please include title and division for each member):** | | | | |
| **Committee Members Absent:** | | | | |
| **TOPICS DISCUSSED** | | | | |
| **SCHOLARSHIP (if applicable)** | | | | |
| 1. *Progress of ongoing scholarly projects:* | | | | |
| 1. *Progress of publications since last mentoring meeting (cite full publications):*    1. *Publications in Progress:* | | | | |
| 1. *Grants*    1. *Active Grants:*    2. *Proposals Pending:*    3. *Proposals planned:* | | | | |
| 1. *Networking connections and potential collaborative relationships:* | | | | |
| 1. *Other:* | | | | |
| Summary of scholarship progress from last meeting’s goals:  Scholarship goals/expected outcomes for next session (6-12 months): | | | | |
| **CLINICAL SERVICES (if applicable)** | | | | |
| 1. *Time Commitment:* | | | | |
| 1. *Program Development:* | | | | |
| 1. *Other:* | | | | |
| *Summary of Clinical service progress from last meeting’s goals:* | | | | |
| *Clinical service goals/expected outcomes for next session (6-12 months):* | | | | |
| **EDUCATION/MENTORING (if applicable)** | | | | |
| 1. *Teaching Evaluations:* | | | | |
| 1. *New proposals or curriculum development:* | | | | |
| 1. *Mentees:* | | | | |
| *Summary of progress from last meeting’s goals:* | | | | |
| *Education goals/expected outcomes for next session: (6-12 months):* | | | | |
| **ADMINISTRATION/CITIZENSHIP** | | | | |
| 1. *Committees (include Local/National):* | | | | |
| 1. *Administrative responsibilities:* | | | | |
| *Summary of progress from last meeting’s goals:* | | | | |
| *Administrative service goals/expected outcomes for next session (6-12 months):* | | | | |
| **PROMOTION TIMELINE (Focus, Reputation, Productivity)** | | | | |
|  | | | | |
| **BARRIERS TO PROGRESS** | | | | |
| Please outline any barriers to progress: | | | | |
| **RESOURCES NEEDED** | | | | |
| Please outline resources needed: | | | | |
| *ADDITIONAL COMMENTS:* | | | | |
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| MENTEE TO COMPLETE SECTION BELOW PRIOR TO MEETING(COMMITTEE adjusts during meeting): |
| **SIX MONTH PLAN – EXPECTED GOALS/OUTCOMES** |
| *Scholarship:* |
| *Educati*on: |
| *Clinical Service:* |
| *Administrative Service:* |
| **TWO-THREE-YEAR PLAN - EXPECTED GOALS/OUTCOMES** |
| *Scholarship:* |
| *Education:* |
| *Clinical Service:* |
| *Administrative Service:* |
| **DATE OF NEXT SESSION:** |
| ***After meeting, Committee Chair, please email this form to mentee, Division Chief, and Administrator of Institutional Mentoring Council:*** [***facultydevelopment@chla.usc.edu***](mailto:facultydevelopment@chla.usc.edu)***)*** |