

**Office of Faculty Development
Department of Pediatrics
Mentor Committee Meeting Summary Form**

Faculty name: _____ **Meeting Date:** _____

Division director: _____

Academic pathway:

- ☐ Clinician-
Leader ☐ Clinician-
Educator ☐ Clinician-
Investigator ☐ Investigator-
Educator ☐ Clinical
Prefix ☐ Research
Prefix

Track:

- ☐ Tenure Track ☐ Non-Tenure Track

Mentor committee members:

Topics addressed by mentor committee:

- | | |
|---|---|
| <input type="checkbox"/> Career interests | <input type="checkbox"/> Leadership of clinical programs |
| <input type="checkbox"/> Readiness for promotion/promotion timeline | <input type="checkbox"/> Reviewed Executive Summary |
| <input type="checkbox"/> Reviewed CV | <input type="checkbox"/> Service |
| <input type="checkbox"/> Academic progress/concerns | <input type="checkbox"/> Recognition at regional/national level |
| <input type="checkbox"/> Research | <input type="checkbox"/> Nomination for society membership or honors.
(e.g., ASCI, APS, SPR) |
| <input type="checkbox"/> Teaching/mentoring | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Curriculum development/educational
leadership | _____ |

Action items for mentee with deadlines:

1.
2.
3.