**END OF SEMESTER HD FELLOWS EVALUATION**

**Fellow’s Name:**

 **Mentor’s Name:**

Please answer the following questions and send the evaluation back to me at your earliest convenience.

1. Where is your Fellow in their program in terms of requirements besides number of credits required?
2. What are the main requirements of your program in addition to a specified number of credits? (Please list all requirements on the attached Excel spreadsheet, thank you).
3. How many credits are needed and how many credits has your Fellow completed?
4. In your estimation, how long will it take your Fellow to finish the program?
5. What were your Fellow’s grades this Fall semester? His/her GPA?
6. Do you have any concerns about his/her performance in any class?
7. After your initial meeting with your Fellow at the beginning of the semester were you able to meet with them during the semester? If so, how many times?
8. Have you met with your Fellow to choose courses for next semester?

 Yes No

1. Have you discussed courses to satisfy the requirements for the Health Disparities Certificate?

 Yes No

1. Have you discussed any research projects or opportunities with your Fellow related to Health Disparities?

 Yes No

1. How many Task Force meetings has the fellow attended this academic year?

 None 1 2 3 4 5 6 7 8 9 10 All

1. What do you think would make your Fellow’s experience in this program better?

Thank you,

Lawrence M. Schell, Ph.D.

Professor

Director, Center for the Elimination of Minority Health Disparities