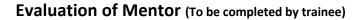
Teaching Certificate Program



	University of Maryland School of Pharmacy
<u> </u>	SCHOOL OF PHARMACY

Trainee Name:	Click or tap here to enter text.
TCP Mentor Name:	Click or tap here to enter text.
Date of Evaluation:	Click or tap to enter a date.

Indicate level of agreement with each statement:

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
I felt "safe" with my TCP mentor when I was learning something new or asked for assistance if I wasn't sure about things.				
My TCP mentor is confident and proficient in their mentoring role.				
My TCP mentor understood my learning goals and used them when teaching new skills with me.				
My TCP mentor helped me to achieve my learning goals.				
My TCP mentor is a good "coach" – not always giving me the answer but asking questions or encouraging me to think it through myself.				
My TCP mentor provided regular feedback to me on my performance, in a caring and respectful manner.				

The most important thing my TCP mentor did to enhance my learning was	Click or tap here to enter text.
If there was one suggestion I could make for my TCP mentor to enhance their effectiveness it would be	Click or tap here to enter text.

Additional comments from trainee: Click or tap here to enter text.

Please return completed form to Daniel Costa; Email: dcosta@rx.umaryland.edu and Jim Trovato;

Email: jtrovato@rx.umaryland.edu