

## Mentoring Survey

For each category below, please indicate your level of experience with each of the following topics. In the space below each category, note any comments, questions or concerns related to that category. Please note that I do not expect you to have familiarity with all of the categories (or even any of the categories!) This is simply a jumping off point so that I can best support your growth as a scientist.

Your name: Your class year:	<b>No experience</b>	<b>A little experience</b>	<b>Some experience</b>	<b>Lots of experience</b>	<b>Check if this is an area of concern</b>
<b>1. Reading scientific papers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Writing a review paper</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Developing scientific questions &amp; designing experiments</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Conducting lab work</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Conducting field work</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



