

STUDENT Mentee Survey



Demographics

Name:

NPI Number:

Education History

Year in program:

Email:

Phone:

Work, Leadership, and professional Involvement

Why you are pursuing athletic training as a career.

Please describe your past and current leadership roles.

Please describe your past and current involvement in professional organizations.

Please describe your past and current volunteer experience within athletic training.

Please describe your past and current volunteer experience outside the field of athletic training.

Career goals and Interests

What are some of you career interest?

Settings: High school	College	Professional	Clinic
Operating room			
Topics: Teaching	Surgery	Prevention	Rehab
Manual Therapies	Concussion	Heat Illness	BFR
Body Part: Foot/ankle	Knee	Hip	Shoulder
Elbow	Hand/Fingers	Neck/Head	

Other:

What are some of your career goals?

What do you want to accomplish in your career?

Mentorship Relationship

Preferred mode of communication? Please rank from 1 (most preferred) to 4 (least preferred)

Phone

Email

In Person

Via video (i.e. Skype, Facetime)

If in person, where do you live?

How frequently would you like to communicate with your mentor?

As needed

Once a month

Twice a month

Every other month

Few times per year

What do you want to get out of a relationship with your mentor?

What are you looking for in a mentor?

Additional Information

What are some of your hobbies/outside interests?

What are your top three strengths?

1.

2.

3.

What are your top three weaknesses?

1.

2.

3.