



ASDS International Traveling Mentorship Program

Mentor Post-Visit Evaluation

Thank you for participating in the ASDS International Traveling Mentorship Program. Your responses to the following questions are needed to assist the ASDS in highlighting program visits, as well as improving and enhancing this program for the future.

Mentor's Name: _____

Host's Name and Title _____

Dates of visit: _____

Institution/Location: _____

Please send a summary of your experience: (Use other side of this paper or respond via email: sshelton@asds.net)

Please include the types of lectures, surgeries / patient care you performed; indicate what you did and how you felt about this program.

1. I feel this program is valuable for the following reasons:

2. I feel the program could be improved as follows:

3. I feel I provided the following information that those at the host institution can begin applying in their practice:

4. The following information would have been helpful to me prior to my trip:

5. I have another trip scheduled as follows:

Overall Comments:

Use other side of this paper for the additional comments or respond via email: kcharleston@asds.net

Please email photos from your visit if at all possible.

ASDS may use my comments and or photos for future promotions of this program. Yes No

Signature: _____

Thank you for providing the above feedback!

Please submit to Shonnie Shelton - Email: kcharleston@asds.net Fax: 847.956.0999