

**Ronald McNair Scholars Program**  
*University of Arkansas at Little Rock*

Mentor Monthly Report  
 \_\_\_\_\_, 20\_\_\_\_  
 Month                      Year

Student Name \_\_\_\_\_ Mentor Name \_\_\_\_\_

Month \_\_\_\_\_ Total Hours Student Worked this Month \_\_\_\_\_

Using the scale, 4=Excellent, 3=Good, 2=Average, 1=Needs Improvement, please rate the degree to which your student exhibits the following by marking the appropriate box. If a characteristic is not applicable, please mark N/A in the appropriate box. Be sure to consider each characteristic separately.

<b>Characteristics</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>Comments</b>
Timely Completion of Tasks					
Commitment To Research Project/Motivation					
Progress Towards Meeting Research Objectives					
Responsibility/Priority Setting Skills					
Punctuality					
Quality of Work					
Ability to Accept Comments					
Research Skills					

(Please Complete Other Side)

Do you currently have any concerns that the McNair Program staff need to know about?

Do you have any suggestions as to how the McNair Program staff could assist you in making your mentor duties easier?

How would you characterize your working relationship with your student?

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Mentor Signature

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Date

Return to McNair Office end of the month. Thank you.