

**MENTOR'S ANNUAL/FINAL REVIEW QUESTIONNAIRE**

**INSTRUCTIONS:** Your ORISE participant will give you a completed Annual/Final Review Participant Questionnaire when requesting renewal or termination from the program. Please complete the following Mentor Questionnaire and forward it along with the Participant's Questionnaire to <mailto:ORAUMaryland@orau.org> or by FAX to (410) 306-9306. If you have questions, please call (410) 306-9200 ext. 110.

**Participant's Name:** \_\_\_\_\_

**Program/Organization:** \_\_\_\_\_

**Requesting Renewal** \_\_\_\_\_  
**Termination** \_\_\_\_\_ **Effective Date of Termination** \_\_\_\_\_

**1. If requesting renewal, what is the desired length of renewal period?**

\_\_\_ months (maximum 12 months)

**2. Recommended stipend amount for renewal period:**

\$\_\_\_/per month

**3. MIPR submitted to DOE?**

\_\_\_ Yes. Submitted \_\_\_\_\_, being prepared.  
Date

\_\_\_ Provided an information copy to Ms. Donna Laird, FAX (410) 306-9306 or forward to <mailto:ORAUMaryland@orau.org>

**4. Why do you wish to renew this participant's ORISE appointment?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submit completed questionnaire to:** ORAU/ORISE Maryland, Research Participation Programs,  
4692 Millennium Drive, Suite 101, Belcamp, MD 21017/Fax (410) 306-9306  
[ORAUMaryland@orau.org](mailto:ORAUMaryland@orau.org)

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**5. How effective was this ORISE participant at conducting research under your mentorship?**

Evaluate the contribution of the participant to your specific research project. (On a scale from 1 to 10, please rate by circling the number that corresponds.)

**LOW 1 2 3 4 5 6 7 8 9 10 HIGH**

**COMMENTS:**

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**6. How effective was your relationship with the participant in enhancing his/her skills or knowledge?**

**LOW 1 2 3 4 5 6 7 8 9 10 HIGH**

**COMMENTS:**

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**7. Please rate the quality of ORISE administrative support:**

**LOW 1 2 3 4 5 6 7 8 9 10 HIGH**

**COMMENTS:**

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**8. Please list any suggestions you feel would improve the ORISE Program.**

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**Mentor's signature, title, email, telephone #:**

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