

CENTER FOR INCLUSIVE EDUCATION COMMUNITY OF STUDENT MENTORS PROGRAM MENTEE MEETING LOG

MENTEE NAME _____ MENTOR NAME _____

DEPARTMENT _____ DEPARTMENT _____

DATE _____

PLEASE TELL US HOW YOUR RELATIONSHIP WITH YOUR MENTOR IS GOING AND DESCRIBE HOW IT IS HELPING YOU THROUGH YOUR ACADEMIC EXPERIENCE?

IS THERE ANYTHING YOU WOULD LIKE TO SHARE WITH THE CENTER FOR INCLUSIVE EDUCATION OR IS THERE ANYTHING YOU FEEL REQUIRES INTERVENTION OR NOTIFICATION OF THE CIE-CSM STAFF?

___ Yes ___ No

IF YES, DISCUSS BELOW:

WHERE YOU ABLE TO MEET WITH YOUR MENTOR FOR THE MINIMUM AMOUNT OF TIME REQUIRED BY THE PROGRAM?

___ Yes ___ No

IF NO, EXPLAIN WHY?

IF YOU HAVE ANY QUESTIONS REGARDING CSM PLEASE CONTACT:

TONI VICARI
TURNER FELLOWSHIP PROGRAM COORDINATOR
CENTER FOR INCLUSIVE EDUCATION
STONY BROOK UNIVERSITY
MELVILLE LIBRARY E-1340
STONY BROOK, NY 11794-3387
OFFICE: (631) 632-9560
FAX: (631) 632-1837
TONI.VICARI@STONYBROOK.EDU