**30-day Check-in**

Form to be completed by the faculty member and reviewed with the Division Chief.

**Please send completed forms electronically to the Pediatrics Academic Affairs office at:**

|  |  |
| --- | --- |
| **Faculty Member Name:** |  |
| **Division:** |  |
| **Start Date:** |  |

**Questions:**

1. How does your position compare with your expectations?
2. What is working well?
3. Have there been individuals who have been helpful to you?
4. Is there a reason you might feel discouraged about your future success in this position?
5. As your Division Chief, what can I do to help you?

**Received and discussed,**

Division Chief Signature Date