

Section 5. Skills Rating Chart Instructions for the Mentor

- ▶ Circle the rating that corresponds to each skill. See the Mentorship Skills Inventory (Form 5-50) for a description of each skill.
- ▶ Rate the Applicant on 18 skills.
- ▶ Discuss the ratings with the Applicant.

Start Date: _____ End Date: _____

Skills	Ratings					
1	5	4	3	2	1	
2*	5	4	3	2	1	
3*	5	4	3	2	1	
4*	5	4	3	2	1	
5*	5	4	3	2	1	
6	5	4	3	2	1	
7	5	4	3	2	1	
8*	5	4	3	2	1	
9*	5	4	3	2	1	
10*	5	4	3	2	1	
11*	5	4	3	2	1	
12	5	4	3	2	1	
13	5	4	3	2	1	
14*	5	4	3	2	1	
15*	5	4	3	2	1	
16*	5	4	3	2	1	
17*	5	4	3	2	1	
18	5	4	3	2	1	NA

Mentor's Signature:

Applicant's Signature:

Date

Date



Section 6: Review of Mentorship Plan

- ▶ Applicant lists goal for each area in the Mentorship Guidance Contract.
- ▶ Applicant provides feedback on her/his progress on each goal.
- ▶ Mentor provides feedback on applicant's progress on each goal.

Evaluation Skills

Individual Goal(s):

Applicant's Comments on Her/His Progress

Mentor's Comments Regarding Applicant's Progress

Treatment Skills

Individual Goal(s):

Applicant's Comments on Her/His Progress

Mentor's Comments Regarding Applicant's Progress



Management Skills
Individual Goal(s):
Applicant’s Comments on Her/His Progress
Mentor’s Comments Regarding Applicant’s Progress
Interaction Skills
Individual Goal(s):
Applicant’s Comments on Her/His Progress
Mentor’s Comments Regarding Applicant’s Progress

**Section 7: Mentor's Recommendations and Verification of Information
(To be completed at the end of each 200 mentored hours)**

- Yes** the Applicant has successfully completed this 200 hour mentorship period and is ready to begin another mentorship period with this Mentor.
- No** the Applicant is not ready to begin another 200 hour mentorship period with this Mentor. (If No, attach rationale and documentation for your answer.)

**Section 8: Mentor's Recommendations and Verification of Information
(To be completed at the end of the Mentorship Period)**

- Yes** I recommend that the Applicant's experience documented on this form be accepted as meeting the requirements for registration.
- No** I do not recommend that the Applicant's experience documented on this form be accepted as meeting the requirements for registration. (If No, attach a rationale and documentation for your answer).

Section 9: Signatures Mentor and Applicant

We, the Mentor and the Applicant, verify that we have discussed this report. We verify that we have completed the required evaluations. We further verify that we are not related in any manner.

Signature Mentor _____ Date _____

Signature of Applicant _____ Date _____

NOTE: This report must be signed/submitted AFTER the end date reported on this form. If it is signed prior to the end date, it will be returned and will delay the processing of your application for certification.