

## MENTORSHIP REPORT AND RATING FORM (MRRF)

- You must submit this form to [secretary@caslpnl.ca](mailto:secretary@caslpnl.ca) within 14 business days after completion of the 200 hour period.
- All blanks and boxes must be filled in. Incomplete forms will be returned and will delay the processing of your application.
- Print all information clearly.
- A separate MRRF must be submitted after each 200 hour period, when requested by the College.

### Section 1. Applicant's Information

Name \_\_\_\_\_  
Last First Middle Registration Number

Home Address \_\_\_\_\_  
Street City Province Area Code

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Section 2. Mentor Information

Name \_\_\_\_\_

Registration Number \_\_\_\_\_



**MENTORSHIP REPORT AND RATING FORM (MRRF)**

**FORM 5-40**

Email: \_\_\_\_\_

**Section 3. Mentorship Setting Information**

Facility Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Province

Area Code

**Section 4. Applicant's Activity Information**

► Indicate the number of hours you spent in each of the following activities:

\_\_\_\_\_ Assessment (*including reports, screenings*)

\_\_\_\_\_ Intervention (*including counseling, planning, referrals, and documentation*)

\_\_\_\_\_ Collaboration (*including case conferences, professional consultations, ISSPs/IEPs, service rounds, mentorship clinical consultation*)

\_\_\_\_\_ Caseload Management (*including intake, waitlist management, scheduling*)

\_\_\_\_\_ Professional Development (*including presentations, CEEs, professional advocacy, employer meetings, board/committee functions, functional centre tasks*)



**MENTORSHIP REPORT AND RATING FORM (MRRF)**

**FORM 5-40**

- ▶ Do not include travel or lunch hours.
  
- ▶ Do not enter percentages or ranges of time.

**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				
<b>1</b>	5	4	3	2	1
<b>2*</b>	5	4	3	2	1
<b>3*</b>	5	4	3	2	1
<b>4*</b>	5	4	3	2	1
<b>5*</b>	5	4	3	2	1



**MENTORSHIP REPORT AND RATING FORM (MRRF)**

**FORM 5-40**

<b>6</b>	5	4	3	2	1
<b>7</b>	5	4	3	2	1
<b>8*</b>	5	4	3	2	1
<b>9*</b>	5	4	3	2	1
<b>10*</b>	5	4	3	2	1
<b>11*</b>	5	4	3	2	1
<b>12</b>	5	4	3	2	1
<b>13</b>	5	4	3	2	1
<b>14*</b>	5	4	3	2	1
<b>15*</b>	5	4	3	2	1



**MENTORSHIP REPORT AND RATING FORM (MRRF)**

**FORM 5-40**

<b>16*</b>	5	4	3	2	1	
<b>17*</b>	5	4	3	2	1	
<b>18</b>	5	4	3	2	1	NA
<b>Review of minimum five (5) files.</b>  Please write the initials of the client files reviewed						
<b>Total Direct Observation Hours of Mentee</b> (While completing assessment or treatment)						
<b>Total Hours in Clinical Consultation between Mentor and Mentee</b>						
<hr/>						
Mentor's Signature:			Applicant's Signature:			



**MENTORSHIP REPORT AND RATING FORM (MRRF)**

**FORM 5-40**

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 Their Progress**



**MENTORSHIP REPORT AND RATING FORM (MRRF)**

**FORM 5-40**

<b>Mentor's Comments Regarding Applicant's Progress</b>
<b>Treatment Skills</b>
<b>Individual Goal(s):</b>
<b>Applicant's Comments on Her/His Progress</b>









**MENTORSHIP REPORT AND RATING FORM (MRRF)**

**FORM 5-40**

<b>Individual Goal(s):</b>
<b>Applicant's Comments on Their Progress</b>
<b>Mentor's Comments Regarding Applicant's Progress</b>



**Section 7: Mentor's Recommendations and Verification of Information**

**(To be completed at the end of 200 mentored hours)**

- Yes** I recommend that the Applicant's experience documented on this form be accepted as meeting the requirements for registration.
- Yes** the Applicant has completed this 200 hour mentorship period; however I recommend up to an additional 200 hour mentorship period be completed.

Reason for additional hours:

*Reason for additional mentorship may be, but not limited to: intent for sole-charge practice, further practice opportunities to demonstrate competency in a specific area of practice, inter-personal/professional collaboration skill development, etc.*

- No** the Applicant has not been successful in their mentorship, and their mentorship contract should be reviewed by the College and/or Council to determine an appropriate course of action for registration e.g. new mentorship, different mentor, additional education, etc.

**Section 8: 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.



**MENTORSHIP REPORT AND RATING FORM (MRRF)**

**FORM 5-40**

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.