**Instructor Trainee Mentoring Completion Form**

(***Must be submitted with Instructor Application Form to Division Supervisor***)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application Date: | | | | Select Program: | | | | | Avalanche ( 1 or 2 ) ID MTR ( 1 or 2 ) Nordic OEC OET | | | | | | | | | |
| **Trainee Name** | | | | **NSP #** | | | **Division** | | | | | **Region** | | | | **Patrol** | | |
|  | | | |  | | |  | | | | |  | | | |  | | |
| **Address** | | | | | | | **City** | | | | | | | **State** | | **Zip Code** | | |
|  | | | | | | |  | | | | | | |  | |  | | |
| **Email** | | | **Home Phone** | | | | | | | **Cell Phone** | | | | **ID Class Date** | | | **ID Class #** | |
|  | | |  | | | | | | |  | | | |  | | | # | |
| **Mentor Name** | | | | **NSP #** | | | **Phone** | | | | | | **Email** | | | | | |
|  | | | |  | | |  | | | | | |  | | | | | |
| Date: |  | Reviewed NSP Mentoring Guide | | | | | | | | Date: |  | | | | Observation of experienced Instructor  (if needed) | | | |
| Date: |  | Initial mentoring meeting with Trainee | | | | | | | | Date: |  | | | | Pre-observation conference with Mentor | | | |
| **Mentor Observation of Trainee (minimum of two)** | | **Topic** | | | | | | | | | | | | | | (To select: Double Click Inside Box) | | |
| **Successful** | | **Unsuccessful** |
| Date: |  |  | | | | | | | | | | | | | |  | |  |
| Date: |  |  | | | | | | | | | | | | | |  | |  |
| Date: |  |  | | | | | | | | | | | | | |  | |  |
| Post-observation Conference with Trainee | | Recommend: | | | | Forward to IT for observation  Needs further mentoring | | | | | | | | | | | | |
| Date: |  | Comments\*: | | | |  | | | | | | | | | | | | |
| **IT Name** | | | | **NSP #** | | | **Phone** | | | | | | **Email** | | | | | |
| *The IT performing the evaluation of the Trainee should be from the same discipline. Other arrangements may be made if this is not feasible for the circumstances.* | | | | | | | | | | | | | | | | | | |
|  | | | |  | | |  | | | | | |  | | | | | |
| **IT Observation of Trainee** | | **Topic** | | | | | | | | | | | | | | **Successful** | | **Unsuccessful** |
| Date: |  |  | | | | | | | | | | | | | |  | |  |
| Date: |  |  | | | | | | | | | | | | | |  | |  |
| Post-Observation conference with Mentor and Trainee | | Recommend: | | | | Instructor Appointment  Further mentoring/observation | | | | | | | | | | | | |
| Date: |  | Comments\*: | | | |  | | | | | | | | | | | | |
| Date: |  | **Mentor**  **Signature:** | | | |  | | | | | | | | | | | | |
| Date: |  | **Trainee**  **Signature:** | | | |  | | | | | | | | | | | | |
| Date: |  | **IT**  **Signature:** | | | |  | | | | | | | | | | | | |
| **Division Program Supervisor or Regional Administrator Approval/Concurrence** | | | | | | | | | | | | | | | | | | |
| As the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Supervisor/Regional Administrator for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division, I approve the instructor appointment of the intern for the education program indicated above. | | | | | | | | | | | | | | | | | | |
| **Division Supervisor Name** | | | | | **NSP #** | | | **Phone** | | | | | | **Email** | | | | |
|  | | | | |  | | |  | | | | | |  | | | | |
| Date: |  | **Supervisor**  **Signature:** | | | |  | | | | | | | | | | | | |

*\*The back of this form may be used for additional comments.*