**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.*