

## 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<br>Needs further mentoring |   |   |              |              |
| Date:  |            | Comments*:   |   |   |              |              |
| IT Name  |            | NSP #  | Phone   | Email   |              |              |
| <i>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.</i>     |            |  |   |   |              |              |
| IT Observation of Trainee  |            | Topic  |   |   | Successful   | Unsuccessful |
| Date:  |            |  |   |   |              |              |
| Date:  |            |  |   |   |              |              |
| Post-Observation conference with Mentor and Trainee  | Recommend: | Instructor Appointment<br>Further mentoring/observation  |   |   |              |              |
| Date:  |            | Comments*:   |   |   |              |              |
| Date:  |            | Mentor Signature:  |   |   |              |              |
| Date:  |            | Trainee Signature:                                       |   |   |              |              |
| Date:  |            | IT Signature:  |   |   |              |              |
| <b>Division Program Supervisor or Regional Administrator Approval/Concurrence</b>  |            |  |   |   |              |              |
| 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.*