

Instructor Trainee Mentoring Completion Form

(Must be submitted to Division Supervisor)

Application Date:		Instructor Development Course completion date:		
Program: <input type="checkbox"/> Avalanche1 <input type="checkbox"/> Avalanche2 <input type="checkbox"/> Bike <input type="checkbox"/> ID <input type="checkbox"/> MTR <input type="checkbox"/> Nordic <input type="checkbox"/> OEC <input type="checkbox"/> OET				
Trainee Name				NSP #
Email			Preferred Phone #	
Primary Mentor Name (other mentors can be listed at bottom of form)				NSP #
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)		Mentor Initials
		Successful	Unsuccessful	
Date:		<input type="checkbox"/>	<input type="checkbox"/>	
Date:		<input type="checkbox"/>	<input type="checkbox"/>	
Date:		<input type="checkbox"/>	<input type="checkbox"/>	
Date:		<input type="checkbox"/>	<input type="checkbox"/>	
Post-observation Conference with Trainee	Recommend:	<input type="checkbox"/> Forward to IT for observation <input type="checkbox"/> Needs further mentoring		
Date:	Comments*:			
IT Name				NSP #
<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:		<input type="checkbox"/>	<input type="checkbox"/>	
Date:		<input type="checkbox"/>	<input type="checkbox"/>	
Post-Observation conference with Mentor and Trainee	Recommend:	<input type="checkbox"/> Instructor Appointment <input type="checkbox"/> Further mentoring/observation		
Date:	Comments*:			
Date:	Mentor Signature:			
Date:	Trainee Signature:			
Date:	IT Signature:			

**The space below and the back of this form may be used for additional comments.*