

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					
1	5	4	3	2	1	
2*	5	4	3	2	1	
3*	5	4	3	2	1	
4*	5	4	3	2	1	
5*	5	4	3	2	1	
6	5	4	3	2	1	
7	5	4	3	2	1	
8*	5	4	3	2	1	
9*	5	4	3	2	1	
10*	5	4	3	2	1	
11*	5	4	3	2	1	
12	5	4	3	2	1	
13	5	4	3	2	1	
14*	5	4	3	2	1	
15*	5	4	3	2	1	
16*	5	4	3	2	1	
17*	5	4	3	2	1	
18	5	4	3	2	1	NA



Review of minimum five (5) files. Please write the initials of the client files reviewed					
Total Direct Observation Hours of Mentee (While completing assessment or treatment)					
Total Hours in Clinical Consultation between Mentor and Mentee					
<p>_____</p> <p>Mentor's Signature: _____ Applicant's Signature: _____</p> <p>Date _____ Date _____</p>					
<p>Section 6: Review of Mentorship Plan</p> <ul style="list-style-type: none"> ▶ 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					
Mentor's Comments Regarding Applicant's Progress					



--

Applicant's Comments on Their Progress

Mentor's Comments Regarding Applicant's Progress

**Section 7: Mentor's Recommendations and Verification of Information
(To be completed at the end of each 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.



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.