



MENTORSHIP REPORT AND RATING FORM (MRRF)

- ▶ A separate MRRF must be submitted after each 200 hour period.
- ▶ All blanks and boxes must be filled in. Incomplete forms will be returned and will delay the processing of your application.
- ▶ Print all information clearly.

Section 1. Applicant's Information

Name _____

_____ Last First Middle Registration

Number _____

Home Address _____

_____ Street City Province Area Code

Home Phone Number (____) _____ Cell Number (____) _____

Section 2. Mentor Information

Name _____ Registration _____

Number _____

Section 3. Mentorship Setting Information

Facility Name _____ Phone Number _____

(____) _____

Address _____

_____ Street City Province Area Code

Section 4. Applicant's Activity Information

▶ Indicate the number of hours you spent in each of the following activities:

_____ Assessment/diagnosis/evaluation

_____ Treatment (direct and indirect services)

_____ Activities related to client management (report writing, family/client consultation, counseling, etc.)

_____ Screening

_____ Professional Development

_____ Other (e.g., in-service training and presentations)

▶ Do not include travel or lunch hours.

▶ Do not enter percentages or ranges of time.

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



_____ Mentor's Signature:	_____ Applicant's Signature:
_____ Date	_____ Date
Section 6: Review of Mentorship Plan	
▶ 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.	
<i>Evaluation Skills</i>	
Individual Goal(s):	
Applicant's Comments on Her/His Progress	
Mentor's Comments Regarding Applicant's Progress	
Treatment Skills	
Individual Goal(s):	
Applicant's Comments on Her/His Progress	
Mentor's Comments Regarding Applicant's Progress	

<p>Section 7: Mentor’s Recommendations and Verification of Information (To be completed at the end of each 200 mentored hours)</p> <p><input type="checkbox"/> Yes the Applicant has successfully completed this 200 hour mentorship period and is ready to begin another mentorship period with this Mentor.</p> <p><input type="checkbox"/> No the Applicant is not ready to begin another 200 hour mentorship period with this Mentor. (If No, attach rationale and documentation for your answer.)</p>
<p>Section 8: Mentor’s Recommendations and Verification of Information (To be completed at the end of the Mentorship Period)</p> <p><input type="checkbox"/> Yes I recommend that the Applicant’s experience documented on this form be accepted as meeting the requirements for registration.</p> <p><input type="checkbox"/> No I do not recommend that the Applicant’s experience documented on this form be accepted as meeting the requirements for registration. (If No, attach a rationale and documentation for your answer).</p>
<p>Section 9: Signatures Mentor and Applicant</p> <p>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.</p> <p>Signature Mentor _____ Date _____</p> <p>Signature of Applicant _____ Date _____</p> <p>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.</p>