



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.

Evaluation Skills

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

**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 membership may be, but not limited to: sole-charge practice, further practice opportunities to demonstrate competency in a specific area of practice, inter-personal/professional collaboration skill development, etc.

Reason for additional hours:

- 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.