



MENTORSHIP REPORT AND RATING FORM (MRRF) FORM 5-40

You must submit this form to secretary@caslpnl.ca within 14 business days after completion of the 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.

A separate MRRF must be submitted after each 200-hour period, when requested by the College.

Section 1. Applicant's Information

Name _____
Last First Middle Registration Number

Home Address _____
Street City Province Area Code

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

Email: _____

Section 2. Mentor Information

Name _____

Registration Number _____

Email: _____



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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 (including reports, screenings) [min. 50 hours]

_____ Intervention (including counseling, planning, referrals, and documentation) [min. 50 hours]

_____ Collaboration (including case conferences, professional consultations, ISSPs/IEPs, service rounds, mentorship clinical consultation)

_____ Caseload Management (including intake, waitlist management, scheduling)

_____ Professional Development (including presentations, CEEs, professional advocacy, employer meetings, board/committee functions, functional center tasks)

► 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 |



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|-----|---|---|---|---|---|
| 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 |



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|--|------------|
| Date _____ | Date _____ |
| Section 6: Review of Mentorship Plan | |
| <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 | |
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| Mentor's Comments Regarding Applicant's Progress |
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| Treatment Skills |
| Individual Goal(s): |
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| Applicant's Comments on Her/His Progress |
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| Mentor's Comments Regarding Applicant's Progress |
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| Management Skills |
| Individual Goal(s): |
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| Applicant's Comments on Her/His Progress |
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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.

