

Instructor Trainee Mentoring Completion Form

(Must be submitted with Instructor Application Form to Division Supervisor)

Application Date:		Select Program: Avalanche 1 <input type="checkbox"/> or 2 <input type="checkbox"/> Bike <input type="checkbox"/> ID <input type="checkbox"/> MTR <input type="checkbox"/> Nordic <input type="checkbox"/> OEC <input type="checkbox"/> OET <input type="checkbox"/>								
Trainee Name		NSP #	Division		Region		Patrol			
Address			City		State		Zip Code			
Email		Home Phone		Cell Phone		ID Class Date		ID Class #		
								#		
Mentor Name		NSP #	Phone		Email					
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)			
							Successful		Unsuccessful	
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 #	Phone		Email					
<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. (see NSP P&P 4.4.3)</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:								
Division Program Supervisor or Regional Administrator Approval/Concurrence										
As the _____ Program Supervisor/Regional Administrator for the _____ Division, I approve the instructor appointment of the intern for the education program indicated above.										
Division Supervisor Name		NSP #	Phone		Email					
Date:		Supervisor Signature:								

*The back of this form may be used for additional comments.