

# Instructor Trainee Mentoring Completion Form

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

Program Name: (Avalanche (1 or 2), ID, MTR, Nordic, OEC, OET, PES, etc.):				Application Date:		
<b>Trainee Name</b>		<b>NSP #</b>	<b>Division</b>	<b>Region</b>	<b>Patrol</b>	
<b>Address</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Email</b>		<b>Home Phone</b>	<b>Cell Phone</b>	<b>ID Class Date</b>	<b>ID Class #</b>	
					#	
<b>Mentor Name</b>		<b>NSP #</b>	<b>Phone</b>	<b>Email</b>		
Date:		Reviewed NSP Mentoring Guide	Date:		Observation of experienced Instructor (if needed)	
Date:		Initial mentoring meeting with Trainee	Date:		Pre-observation conference with Mentor	
<b>Mentor Observation of Trainee (minimum of two)</b>		<b>Topic</b>			<b>Successful</b>	<b>Unsuccessful</b>
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*:				
<b>IT Name</b>		<b>NSP #</b>	<b>Phone</b>	<b>Email</b>		
<small>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&amp;P 4.4.3)</small>						
<b>IT Observation of Trainee</b>		<b>Topic</b>			<b>Successful</b>	<b>Unsuccessful</b>
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:		<b>Mentor Signature:</b>				
Date:		<b>Trainee Signature:</b>				
Date:		<b>IT Signature:</b>				
<b>Division Program Supervisor or Regional Administrator Approval/Concurrence</b>						
As the _____ Program Supervisor/Regional Administrator for the _____ Division, I approve the instructor appointment of the intern for the education program indicated above.						
<b>Division Supervisor Name</b>		<b>NSP #</b>	<b>Phone</b>	<b>Email</b>		
Date:		<b>Supervisor Signature:</b>				

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