#### **Mentorship VERIFICATION & EVALUATION Form**

(To be completed by each mentor listed on the Record of Mentored Experience Hours Form)

 **Name of Applicant: Applicant’s Institution or Affiliation:**

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**Developmental Level of Applicant:** (see Candidate Handbook for criteria) **[ ]** Advanced mentee **[ ]** Novice mentee

 **Name of Mentor: Mentor’s Current Position:**

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 **Mentor’s Mailing Address: Mentor’s Phone and Email Address:**

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|       | **Phone:**       **Email Address:**       |

**Mentor listed in the Registry of Approved Mentors? [ ]** Yes **[ ]** No

 If Yes, please indicate if mentor is a **[ ]** CMPC or **[ ]** non-certified approved mentor

 If No, mentor must submit a Registry of Approved Mentors Application Form (download from AASP website)

**Verification of Applicant’s Total Mentored Experience Hours and Mentorship Hours:** List the number of hours the applicant completed in the following categories with you as the mentor:

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| **Total # of Mentored Experience Hours***refer to the Total Hours cell (a) in the bottom row on the Record of Mentored Experience Hours Form* – e*nter only the # of hours completed with you as mentor* |       |
| **Total # of Face-to-Face Mentorship Hours***refer to the bottom row (b) of Hours Spent in Face-to-Face Mentorship column on the Record of Mentored Experience Hours Form – enter only the # of hours completed with you as mentor*  |       |
| **Total # of Electronic Mentorship Hours***refer to the bottom row (c) of Hours Spent in Electronic Mentorship column on the Record of Mentored Experience Hours Form – enter only the # of hours completed with you as mentor*  |       |
| **Total # of Direct Knowledge of Services Hours***refer to the bottom row (d) of Hours of Direct Knowledge of Services column on the Record of Mentored Experience Hours Form – enter only the # of hours completed with you as mentor* |       |

By signing this form, I verify that the information recorded by the applicant on the Record of Mentored Experience Hours Form related to my mentorship of the applicant is accurate to the best of my knowledge.

Signature of Mentor Date

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**Evaluation of Applicant’s Mentored Experience:** Using the scale below, please rate the applicant’s competence on the following tasks and discrete work activities by entering the number that corresponds with your evaluation in the column to the left of each item. Enter an “X” if you had no opportunity to observe the applicant’s performance on a particular task:

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| --- | --- | --- | --- | --- | --- |
| Incompetent | Somewhat Incompetent | Neither Competent nor Incompetent | Somewhat Competent | Competent | No Opportunityto Observe |
| 1 | 2 | 3 | 4 | 5 | X |

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| **Rapport, Roles, and Expectations** |
|     | 1. Establishes and maintains rapport with the client/performer(s). |
|     | 2. Explains the professional/consultant role within the specific setting or system with clients and important others. |
|     | 3. Explains what is expected of the client/performer(s). |
|     | 4. Explains/describes the consulting process. |
|     | 5. Discusses and/or clarifies the consulting process (e.g., Informed consent, documentation, contract, confidentiality, limits of availability) to help clients make informed decisions. |

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| **Assessment** |
|     | 6. Obtains and summarizes individual, team/group and organizational assessment data and information pertaining to performance via interviews, direct observation, the administration of questionnaires and standardized tests, collaboration with other professionals, etc. |

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| **Goals, Outcomes, and Planning** |
|     | 7. Integrates and evaluates assessment data within a theoretical framework of performance excellence, evidence-based practice and professional judgment. |
|     | 8. Collaborates with the client/performer(s), and when appropriate, members of the performance team (e.g., coaches, colleagues, and other professionals) to formulate a plan to determine and prioritize goals and desired outcomes. |
|     | 9. Identifies personal and systemic resources and barriers related to the achievement of goals and desired outcomes. |

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| **Implementation** |
|     | 10. Implements a performance plan combining awareness, education and action to facilitate achievement of desired outcomes. |
|     | 11. Implements a performance plan providing and obtaining feedback as the client/performer(s) work toward achieving the goals and desired outcomes. |

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| **Evaluation** |
|     | 12. Assesses progress, resets goals and/or revises implementation strategies and techniques either as part of a continuing process/relationship (e.g., on continuing basis, yearly, season-by-season) or as part of assisting clients in making progress towards established goals. |
|     | 13. When possible and appropriate, obtains feedback from clients/performer(s) on consultant effectiveness. |
|     | 14. When ethically appropriate, obtains feedback from coaches/leadership regarding performer utilization of mental skills training and consultant effectiveness. |
|     | 15. Consolidates progress and concludes the professional relationship when appropriate based upon client and/or professional opinion. |

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| **Professional Issues** |
|     | 16. Engages in activities to maintain and enhance professional competence. |
|     | 17. Practices in a manner consistent with applicable laws, regulations and the *AASP Code of Ethical Principles and Standards*. |
|     | 18. Engages in a process of self-reflective practice that includes a process of continuous learning. |
|     | 19. Recognize own biases, stereotypes and misconceptions to prevent them from interfering with relationships with clients/performer(s).  |
|     | 20. Recognizes the limits of knowledge and skills and accordingly refers clients/performers to, or seeks collaboration with, other qualified professionals, as necessary. |

**Strengths:**

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**Areas for Improvement:**

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**Mentor Recommendation** (check one)**:** I do [ ]  do not [ ]  recommend this applicant be approved for certification.

Signature of Mentor Date

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