**OEC MSP Trainer Evaluator / Trainee Mentoring Form**

(***Completed form must be submitted to Division Supervisor***)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application Date: | | | | |  | | | | |  | | | | | | | |
| **Trainee Name** | | | | | **NSP #** | | | **Division** | | | | **Region** | | | **Patrol** | | |
|  | | | | |  | | |  | | | |  | | |  | | |
| **Address** | | | | | | | | **City** | | | | | | **State** | **Zip Code** | | |
|  | | | | | | | |  | | | | | |  |  | | |
| **Email** | | | | **Home Phone** | | | | | | | **Cell Phone** | | | **ID Class Date** | | **ID Class #** | |
|  | | | |  | | | | | | |  | | |  | | # | |
| **Recommended By (ROA/STC)** | | | | | **NSP #** | | | **Phone** | | | | | **Email** | | | | |
|  | | | | |  | | |  | | | | |  | | | | |
| **Mentor Name** | | | | | **NSP #** | | | **Phone** | | | | | **Email** | | | | |
|  | | | | |  | | |  | | | | |  | | | | |
| Date: |  | Initial mentoring meeting with Trainee | | | | | | | | | | | | | | | |
| Date: |  | Reviewed OEC MSP Program Process document during a Trainer Evaluator Clinic | | | | | | | | | | | | | | | |
|  | | **Mentee and Mentor Evaluate Practice Scenarios (minimum of four). Each practice followed with a performance conference between Mentee and Mentor** | | | | | | | | | | | | | (To select: Double Click Inside Box) | | |
| **Practice** | | **Conference** |
| Date: |  | Comments\*: | | | | | | | | | | | | |  | |  |
| Date: |  | Comments\*: | | | | | | | | | | | | |  | |  |
| Date: |  | Comments\*: | | | | | | | | | | | | |  | |  |
| Date: |  | Comments\*: | | | | | | | | | | | | |  | |  |
|  | | | Recommend: | | | | Trainer Evaluator Appointment  Further mentoring | | | | | | | | | | |
| Date: |  | | Comments\*: | | | |  | | | | | | | | | | |
| Date: |  | | **Mentee**  **Signature:** | | | |  | | | | | | | | | | |
| Date: |  | | **Mentor**  **Signature:** | | | |  | | | | | | | | | | |
| Date: |  | | **ROA/STC**  **Signature:** | | | |  | | | | | | | | | | |
| **Regional Administrator Approval** | | | | | | | | | | | | | | | | | |
| As the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Supervisor/Regional Administrator for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division,  I approve the listed trainer evaluator mentee for appointment to the status of trainer evaluator. | | | | | | | | | | | | | | | | | |
| **Division Supervisor Name** | | | | | | **NSP #** | | | **Phone** | | | | | **Email** | | | |
|  | | | | | |  | | |  | | | | |  | | | |
| Date: |  | | **Division Supervisor**  **Signature:** | | | |  | | | | | | | | | | |

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