

APPENDIX E - OEC MSP Trainer Evaluator / Trainee Mentoring Form

(Completed form must be submitted to Division Supervisor)

Application Date:						
Trainee Name		NSP #	Division	Region	Patrol	
xxxx						
Address			City	State	Zip Code	
Email		Home Phone		Cell Phone		
xxxxx						
Recommended By (ROA/STA)		NSP #	Phone	Email		
xxx						
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*:			<input type="checkbox"/>	<input type="checkbox"/>
Date:		Comments*:xxx			<input type="checkbox"/>	<input type="checkbox"/>
Date:		Comments*:			<input type="checkbox"/>	<input type="checkbox"/>
Date:		Comments*:			<input type="checkbox"/>	<input type="checkbox"/>
		Recommend:	<input type="checkbox"/> Trainer Evaluator Appointment <input type="checkbox"/> Further mentoring			
Date:		Comments*:				
Date:		Mentee Signature:				
Date:		Mentor Signature:				
Date:		ROA/STA 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.