**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.*