

# Mentor / Mentee Contact Worksheet

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## Approved CDE Mentors for 2015/16 School Year:

1. Pat Himes: 303.828.5447 [himes\\_605@msn.com](mailto:himes_605@msn.com)
2. Alissa Klinger: 303.877.6776 [uberterp@gmail.com](mailto:uberterp@gmail.com)
3. Paula Thompson: [paula.d.thompson@gmail.com](mailto:paula.d.thompson@gmail.com)

<b>Name of Mentor:</b> _____		Date: _____	
Email: _____	Employer: _____		
Home Phone: _____	Cell Phone: _____		

<b>Name of Mentee:</b> _____		Date: _____	
Email: _____	Employer: _____		
Home Phone: _____	Cell Phone: _____		
EIPA Written: <i>(Pass?)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Testing Date: _____
EIPA Pre-Hire Pre Screen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Testing Date: _____
EIPA Performance: <i>(Passing Score?)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Testing Date: _____
What was your most recent EIPA Performance Score? _____			
What is your mode of transportation?		Own Car <input type="checkbox"/>	Taxi/RTD Bus <input type="checkbox"/>

**\*\*What is your schedule/availability to meet with your Mentor (days of the week/time-frame)**

	AM (time)	PM (time)		AM (time)	PM (time)
Sunday:	_____	_____	Thursday:	_____	_____
Monday:	_____	_____	Friday:	_____	_____
Tuesday:	_____	_____	Saturday:	_____	_____
Wednesday:	_____	_____	Other:	_____	

**\*\*Distance Mentoring**

The only difference between Distance Mentoring and Face to Face Mentoring is the way the Mentor and Mentee will communicate and share materials. You are required to have at least two (2) Face to Face Mentoring sessions. How would you like to meet with your Mentor? You made decide to communicate and/or share materials via:

Telephone <input type="checkbox"/>	Instant Message (IM) questions, updates, schedule changes <input type="checkbox"/>
Video conference <input type="checkbox"/>	Email and/or mentorship meetings or activities <input type="checkbox"/>
In Person only <input type="checkbox"/>	Both In Person and Online <input type="checkbox"/>
Online only <input type="checkbox"/>	No Preference: _____

- \*\*Program components**
1. Up to 10 sessions with matched Mentor/Mentee, the final number is left up to the Mentee
  2. Pre/post mentorship skills assessments
  3. Stipend to Mentors, other compensation, and arrangement of funds are up to the Mentee
  4. Log of activity to show development and progress
  5. Follow up survey and exit interview
  6. Ongoing support for Mentors and Mentees conference calls, emails, list serve, etc.

**What is your goal on your next EIPA Performance assessment date?**

**What are you hoping to achieve from the CDE Mentoring program?**

# Mentor / Mentee Activity Log

Upload this completed document with your next EEIA Application

FOR SCHOOL YEAR 2015-2016

DATE(S)	HOURS INVOLVED	ACTIVITY (DESCRIBE)

**TOTAL HOURS:**

Any Additional Notes:

**Mentor:** \_\_\_\_\_  
*Signature and Date, required*                      *Please Print Name*

**Mentee:** \_\_\_\_\_  
*Signature and Date, required*                      *Please Print Name*

**Mentee: Last 4 SSN:** \_\_\_\_\_

**\*\*We do not accept electronic or stamped signatures; you must physically sign this document.**

# MENTOR TRAINING EVALUATION

## FOR SCHOOL YEAR 2015-2016

We would like your opinion of the Mentor program. Please complete the questions below and return the survey to Ruth Mathers, Supervisor at CDE [Mathers\\_r@cde.state.co.us](mailto:Mathers_r@cde.state.co.us) or Fax: (303) 866-6767 *(Please mark your response)*

1. How would you rate the CDE Mentoring program?  
 excellent       very good       good       poor
2. How would you describe your experience as a participant in the program?  
 excellent       very good       good       poor
3. Would you still like to serve as a Mentor again next year or in the future?  
 yes       possibly       not sure       no
4. Would you have liked training for Mentors?  
 yes       maybe       probably not       no
5. How clearly defined were your Mentor responsibilities?  
 very clear       moderately clear       a little unclear       very unclear
6. Were you accessible and easy to talk to and seek advice from when necessary?  
 always       somewhat       not much       never
7. How would you describe your relationship with your mentee?  
 very good       good       fair       poor
8. Do you think that the time you spent with your mentee was sufficient?  
 yes       almost       not really       no
9. Do you think that the time you spent together was helpful for your mentee?  
 yes       almost       not really       no
10. Did you gain personally from this relationship?  
 yes       somewhat       not much       no
11. Did you and your Mentee meet the appropriate number of times?  
 yes       We needed more time       We needed less time       no
12. How many Mentee's did you help last year? \_\_\_\_\_
13. What was most satisfying aspect the CDE Mentoring program?
14. What was least satisfying aspect the CDE Mentoring program?
15. What would you suggest to improve the CDE Mentoring program?

# MENTEE TRAINING EVALUATION

## FOR SCHOOL YEAR 2015-2016

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1. Did you have the same Mentor last year?  
 yes                       no
2. How would you rate the CDE Mentor program?  
 excellent               very good               good               poor
3. Did you enjoy being part of the Mentoring program?  
 yes                       somewhat               not much               no
4. Will you require a Mentor next year?  
 yes                       probably               not really               no
5. Did you like your Mentor?  
 yes                       somewhat               not much               no
6. Did you think meeting with a Mentor was fun?  
 yes                       somewhat               not really               no
7. How was the length of your Mentoring Activities?  
 just right               needed a bit more               too much               not enough
8. Did having a Mentor help you improve your skill level?  
 yes                       somewhat               not much               no
9. Did you learn new things from your Mentor?  
 yes                       somewhat               not much               no
10. Did you feel comfortable talking with your Mentor?  
 yes                       somewhat               not much               no

11. List the activities you liked most that you did with your Mentor:

12. Tell us the most important thing you learned from your Mentor.

13. What did you like best about the Mentoring program?

14. What did you like least about the Mentoring program?

15. What do you think we could change or do differently next year?