

# Mentor / Mentee Contact Worksheet

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## Approved CDE Mentors for 2019-2020 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)

**Name of Mentor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name of Mentee:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
EIPA Written: (Pass?) ☐ Yes ☐ No **Testing Date:** \_\_\_\_\_  
EIPA Pre-Hire Pre Screen: ☐ Yes ☐ No **Testing Date:** \_\_\_\_\_  
EIPA Performance: (Passing Score?) ☐ Yes ☐ No **Testing Date:** \_\_\_\_\_  
What was your most recent EIPA Performance Score? \_\_\_\_\_  
What is your mode of transportation? Own Car ☐ Taxi/RTD Bus ☐

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

	<b>AM (time)</b>	<b>PM (time)</b>		<b>AM (time)</b>	<b>PM (time)</b>
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 in your next EEIA application

FOR SCHOOL YEAR 2019-2020

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 2019-2020

To share your opinion of the mentor program, please answer the questions below and return the survey to Shauna Moden, CDE's Deaf Education Specialist, at [moden\\_s@cde.state.co.us](mailto:moden_s@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 2019-2020

To share your opinion of the mentor program, please answer the questions below and return the survey to Shauna Moden, CDE's Deaf Education Specialist, at [moden\\_s@cde.state.co.us](mailto:moden_s@cde.state.co.us) or fax (303) 866-6767 *(Please mark your response)*

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?