



South Dakota Mentoring Assessment Form

South Dakota Department of Human Services,
Division of Rehabilitation Services

Applicant: _____ **Evaluator:** _____

Date: _____ **Method of evaluation:** One to one: Use of videotape:

Mentoring History: New Applicant Renewal Assessment

Certification Status: Attending ITP Program. If yes, what year are you in? _____

Provisionally Certified. If yes, what year of PC status are you on? _____ All Other Certifications

Interpreting experience: _____

Interpreting and Language Skills Competencies – To be filled out by Mentee

Give yourself a rating in the following areas using a scale of 1-10 with 10 representing excellent skills. Please explain the rating you give.

Vocabulary Competency		
Expressive Fingerspelling		
Receptive Fingerspelling		
Expressive Markers		
Knowledge of Deaf Culture		
ASL-ENG Interpretation Skills		
ENG-ASL Interpretation Skills		

Additional Mentee Comments (if needed): _____

Interpreting and Language Skills Competencies – To be filled out by Mentor

Give applicant a rating in the following areas using a scale of 1-10 with 10 representing excellent skills. Please explain the rating you give.

Vocabulary Competency		
Expressive Fingerspelling		
Receptive Fingerspelling		
Expressive Markers		
Knowledge of Deaf Culture		
ASL-ENG Interpretation Skills		
ENG-ASL Interpretation Skills		

Additional Mentor Comments (if needed): _____

Goal Agreement

Each training session must be geared to and implemented to assure the below identified skills training needs will be provided. The reports of the training session must indicate that the training was provided accordingly and what methods were used. Mentee should note which areas they want assistance with from mentor.

Goal - areas to improve on	Activity ideas to help accomplish goal
	1. 2. 3.
	1. 2. 3.
	1. 2. 3.
	1. 2. 3.

Attendance Agreement

I will attend mentoring appointments as scheduled for ____ hours every month as approved by DHS staff. If I'm not able to commit to the set hours every month, I must contact DHS staff with the reason. Irregular attendance or minimal mentoring hours may result in a revoked mentoring service.

I acknowledge that I was informed of the results of my assessment. If eligible and accepted as a mentee I agree with the skills training plan of which I was a developing participant.

Mentee's Signature

Date

I acknowledge that I will do my best to assist my mentee with increasing their ASL skills by meeting as agreed upon above to assist with accomplishing the set goals agreed upon.

Mentor's Signature

Date

Yes No **Applicant is splitting mentoring hours between 2 different mentors**