



REVIEW OF FIELD MENTOR BY TRAINEE

State Form 53206 (R / 3-07) / CW 3513
DEPARTMENT OF CHILD SERVICES

Name of Field Mentor		Date (month, day, year)	
Name(s) of trainee(s)	County	Cohort number	

TASK	MET EXPECTATIONS	DID NOT MEET EXPECTATIONS
Provided assistance and direction to me during transfer of learning days and the three week on the job training period; was available by email and phone for the three months following graduation to answer questions.		
Reviewed skill assessment scale sheets with me after each module and after each week of on the job training and helped me develop a plan for any areas that needed additional development.		
Provided feedback to me regularly regarding tasks I was working on, which assisted me in further developing my skills.		
The best practice content as presented in the classroom matches the practice of the mentor in the field.		

Things I found helpful in working with my Field Mentor *(attach additional sheet, if necessary)*

Suggestions I have for improving the Field Mentor Program *(attach additional sheet, if necessary)*

Please forward completed form to: Administrative Assistant, Staff Development
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Fax: (317) 234-4497