## **KIPBS Student Mentor Observation Log** (Revised 10-24-08)

<u>Student</u>: Please make sure that you have this sheet with you every time you meet with the KIPBS Mentoring Specialist, Assigned Mentor, and/or your instructor. It is <u>YOUR</u> responsibility to ensure that every item on this list meets criteria and is signed off on either by the Mentoring Specialist or Mentoring Coordinator prior to graduation. <u>Failure to do so may result in delayed graduation</u>. It is in your best interest not to lose this sheet, as if you do, you may be required to complete it again. As such, it is recommended to make copies upon item completion.

Student's Name:	Instructor's Name:			
Mentoring Specialist's Name:	Assigned Mentor's Name:			

KIPBS Activity		Mentor Observation			Assigned Mentor Training		Follow-up Observation (If criteria not met after initial observation)				
		Date	Crit	eets eeria Yes; No)	Signature	Date Finished	Signature	Date	Meets Criter (Y = Yes N = No	ia s;	Signature
PCP Meeting Facilitation - Onsite	Person's Active Involvement		Y	N					Y	N	
	Strength/ Preference Based		Y	N					$\mathbf{Y}$	N	
	Clear Goals		Y	N					<b>Y</b> ]	N	
Operational Definition & Recording Approval			Y	N	Via E-mail				Y	N	
Data Collection Sheet Approval			Y	N	Via E-mail				Y	N	
Reliability of Data Collection Method - Onsite			Y	N					Y	N	
Intervention Training Meeting - Onsite			Y	N					Y	N	
Task Analyses Approval			Y	N	Via E-mail				Y	N	
Fidelity of Intervention Implementation – Onsite			Y	N					Y	N	

Student-Assigned Mentor Meeting Log							
Date	Duration	Training Conducted - Issues observed/discussed	Assigned Mentor signature				