

Rehabilitation Counselor Mentor Application

Mentor Eligibility Criteria:

An applicant must have five (5) years of experience with the Department or be a current Certified Rehabilitation Counselor (CRC) with a minimum of 2 years experience with the Department.

Name:	District:	Office Location:
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Office Phone: ()	Years of Department Experience:
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Currently CRC: <input type="checkbox"/> Yes <input type="checkbox"/> No
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***** **Step I**

***** Please complete the following short essay questions (write your essays on a separate sheet of paper or use the form fill-in area below):

Describe the characteristics of a good mentor.

What qualifications do you have that would make you a good mentor for the Department's new counselors?

Describe a time you have mentored in the past (within or outside the Department) and explain why you enjoyed this experience. Include what changes, if any, you would make to enhance the experience.

***** **Step II**

Please choose and submit a copy of an entire case record of an individual who was successfully rehabilitated. Please utilize confidentiality when copying and submitting the case. The case should reflect how your outstanding case management and counseling skills assisted the individual in achieving a positive employment outcome.

If you are a field administrator, a case you reviewed which reflects quality casework can be submitted.

Included with this application is the case review form created and utilized by the Rehabilitation Counselor Mentor Team during the case record review. This will allow you to review the competency areas prior to submission of your case to the team.

***** Step III

Please have your supervisor complete the following section

1. Does the applicant consistently meet target PEOs? Yes ☐ No ☐
2. Does the applicant demonstrate a thorough knowledge of:
 - A. Procedures? Yes ☐ No ☐
 - B. CMS? Yes ☐ No ☐
 - C. Department Forms? Yes ☐ No ☐
 - D. Budget/Fiscal Responsibility? Yes ☐ No ☐
3. Does the applicant demonstrate effective:
 - A. Time Management Skills? Yes ☐ No ☐
 - B. Good Relationships with colleagues, consumers, employers? Yes ☐ No ☐
 - C. Advocacy Skills? Yes ☐ No ☐
4. Does the applicant consistently demonstrate quality casework as evidenced in case reviews? Yes ☐ No ☐

Explain any no answers:

Additional comments:

Supervisor's Signature _____

Case Review Form

Does the case reflect the knowledge of the following competencies?

Confidentiality and Ethics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Referral and Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Guidance and Counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eligibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appeals and Mediation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plan Development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fiscal/Budget Responsibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Case Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Job Development/Placement/Retention/Follow-up	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Case closure/Post employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialty Caseloads	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:
