



# EVALUATION OF FIELD MENTOR BY SUPERVISOR OF TRAINEE

State Form 53205 (1-07) / CW 3512  
DEPARTMENT OF CHILD SERVICES

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

TASK	MET EXPECTATIONS	DID NOT MEET EXPECTATIONS
Worked with trainee during 12 weeks and was available for 3 months of follow-up consultation.		
Completed weekly sheets on identified skills and provided feedback to trainee on strengths and needs.		
Provided additional assistance to trainee on any identified needs.		
Provided feedback to trainee's supervisor regularly and worked with that supervisor to provide additional mentoring and guidance in any areas that needed improvement.		
Provided rating sheets to the Staff Development Field Mentor Coordinator weekly.		
Overall performance of field mentor		

Signature of trainee supervisor	Date (month, day, year)
Name of trainee supervisor	

Please forward completed form to:

Administrative Assistant, Staff Development  
402 West Washington Street, Room W392  
Indianapolis, IN 46204  
Fax: (317) 234-4497