



Form E 3/4– Mentoring Agreement

Aging & Disability Services Division

3656 Research Way, Suite 32

Carson City, NV 89706

Phone: 775-687-4452

Fax: 775-687-3292

Email: bahammond@adsd.nv.gov

Interpreter Name: _____

Interpreter Classification: **(Please pick one)**

- Community Setting: Apprentice Level: No need to list employer or supervisor.
- Educational Setting: Cued Speech Transliterators
- Educational Setting: Apprentice Level (EIPA 3.0)
- Educational Setting: Intermediate Level (EIPA 3.1-3.9)

(Interpreter Signature)

Date: _____

By entering into this agreement with the above-named interpreter, I agree to provide the following services:

- Provide guidance in the development of the individual’s Professional Development Plan and Professional Goals and Objectives (listed below)
- Assist in identifying and developing specific goals and objectives related to the development of new interpreting knowledge and skills
- Engage in meeting with the interpreter and either watching the interpreters work live or on video
- Develop a list of resources for knowledge and skill development
- Develop a list of peer and professional interpreter contacts
- Document the ours spent with the mentee

Mentor Name: _____

(Signature)

Date: _____

Page 3- Form E (Make extra copies as needed and attach)

Information	Goals #1	Goal #2	Goal #3
Activity			
Projected Time Frame			
Knowledge to be gained by this activity			
Skills to be gained by this activity			
People to contact for Success			
Identified Resources for Success			
Evidence of reaching goal			
Areas of future development identified by this activity			