



An inter-agency mentoring program of the Providers' Council

Supervisor's Recommendation/ Agency Approval Form

Supervisor's Name _____ Title _____

Organization _____ Address _____

City _____ Zip _____ Phone _____

Email _____ Applicant's Name _____

Please complete the following or attach a signed recommendation letter.

I have supervised the applicant for _____ years, and have known the applicant's work for _____ years.

S/He is in the top 5% 25% 50% of all the people whom I have supervised.

In five years, I expect the applicant to be able to assume a position as _____.

The Leadership Initiative Participation Requirements:

- Serving your mentorship needs: we can match you with someone for up to a year and as little as a few months. Please let us know what kind of mentorship you seeking.
- We suggest that you and your mentor meet at least once monthly with for one hour (at least one should be in person, the rest can occur via phone, skype, etc.)
- With mentor, create a list of professional development goals and steps to achieve those goals.
- Completion of an evaluation of the mentoring program individually and with your mentor.
- Attendance and participation at program orientation event and program closing event.

Recognizing the program requirements, I support this candidate's participation in the program which includes providing at least 1 hour per month for the staff member to meet with his/her mentor. (Please circle)

Yes

No

Why do you recommend this applicant for the Providers' Council Mentoring Program?

The Leadership Initiative - Mentee Application

Skills Inventory

Applicants to The Leadership Initiative have varying strengths, needs, and interests. The information you provide below will help us to best match the candidate you are endorsing with an appropriate mentor and will only be used for the purposes of this program, so please answer as honestly as possible. It is expected that in many areas a candidate will have much room for improvement.

For each skill area below, please circle the number that you believe best describes the candidate you are endorsing for participation in The Leadership Initiative and star the ones that you think most need to be developed during the mentoring relationship.

1=poor 2=fair 3=good 4=excellent

Oral Communications	N/A	1	2	3	4
Written communications	N/A	1	2	3	4
Time Management and Managing Priorities	N/A	1	2	3	4
Project Management	N/A	1	2	3	4
Recruiting, Interviewing, Hiring Staff	N/A	1	2	3	4
Setting Expectations for Staff, Coaching and Motivating	N/A	1	2	3	4
Team Building	N/A	1	2	3	4
Conflict Management	N/A	1	2	3	4
Managing Diversity	N/A	1	2	3	4
Budgeting	N/A	1	2	3	4
Contract Interpretation	N/A	1	2	3	4
Marketing	N/A	1	2	3	4
Delegation Skills	N/A	1	2	3	4
Problem Solving Skills	N/A	1	2	3	4
Goal Setting, Strategic Thinking and Planning	N/A	1	2	3	4
Change Management Skills	N/A	1	2	3	4
Leadership Skills	N/A	1	2	3	4
Presentation Skills	N/A	1	2	3	4
Listening Skills	N/A	1	2	3	4
Stress Management Skills	N/A	1	2	3	4
Clinical Requirements and Outcomes	N/A	1	2	3	4
Facilities Management	N/A	1	2	3	4
Development, Fundraising and Grant Writing	N/A	1	2	3	4
Public Relations	N/A	1	2	3	4
Technology/Information Systems	N/A	1	2	3	4
Strategic Planning	N/A	1	2	3	4

Please also share this with the candidate to be sure of the skill areas most in need of development through mentoring.

I endorse this candidate and support his/her participation in the program.

Supervisor's Signature _____ Date _____

CEO/President/Executive Director Signature _____ Date _____