



Form E 3/4– Mentoring Agreement

Aging and Disability Services Division

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Interpreter Name: \_\_\_\_\_

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

- Community Setting: Apprentice Level: No need to list employer or supervisor.
- Educational Setting: Cued Speech Transliterator
- 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
- 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 resources for knowledge and skill development
- Develop peer and professional interpreter contacts
- Document the hours spent with the mentee

**Type of Mentor (Please check one)**

- Community College Program- Name of Program: \_\_\_\_\_
- Out-of-state Mentor State Name: \_\_\_\_\_
- On - Line
- In - Person
- Other Explain: \_\_\_\_\_

Mentor Name: \_\_\_\_\_

\_\_\_\_\_

(Signature)

Date: \_\_\_\_\_

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

<b>Information</b>	<b>* Goal Number _____</b>	<b>* Goal Number _____</b>	<b>* Goal Number _____</b>	<b># of hours</b>
Activity				
Knowledge to be gained by this activity				
Skills to be gained by this activity				
Areas of future development identified by this activity				

\* Related to Goal number on Professional Development Plan (Form D3 /4)