

KIPBS Mentor Documentation
Mentor Professionals within an Organization

Date of Submission: _____

Name of KIPBS Professional: _____

Address: _____

Phone: _____ **Email:** _____

Description of Activities

One way to use donated time is by mentoring other professionals outside of the training project. Mentor time can involve creating a systematic training process for either an individual or by mentoring a child or adult's team that is not eligible for Medicaid reimbursement. In this case, the person receiving training is not part of the KIPBS Facilitator's current case load for which reimbursement is being collected. Training might involve mentoring one person or team training for four, three hour training sessions using a case study format.

Note: Only professionals participating in the year-long KIPBS training project will be eligible to bill. This is a capacity building activity.

Mentor Professionals within an Organization	
Dates of Training: _____ <input type="checkbox"/> Individual Training <input type="checkbox"/> Team Training Number of Team Members Involved: _____	Hours Spent

Evaluation Documentation

Please help the Kansas Institute for Positive Behavior Support document the important contributions you are making in the field. Please provide any information that can be used for evaluation purposes. Examples of evaluation information could include submitting pre and post training PBS and PCP plans, and pre and post consumer satisfaction or contextual fit surveys. Attach all evaluation documentation to this form. In addition, briefly describe the KIPBS training materials that were used. If you used your own materials, please attach this to the form when it is submitted. Any information about the changes being made will contribute to the impact evaluation of the KIPBS Project.

<input type="checkbox"/> Pre/Post PBS and PCP Plans (remove identifying information)
<input type="checkbox"/> Contextual Fit or Consumer Satisfaction Surveys
<input type="checkbox"/> Training Materials

KIPBS Facilitator Signature: _____

Training Coordinator Signature: _____