LOCAL SERVICE ASSESSMENT CHECKLIST
Mentoring Assessment

Clinic Name _____ **Date**_____

INSTRUCTIONS

Evaluate each feature of best practices in mentoring. Note areas of excellence and opportunities for improvement.

Features/Indicators	Circle One	Notes
1. Do staff members receive the necessary training to do their jobs effectively?	YES NO	
2. Are staff members able to apply new skills learned in training to their daily routine?	YES NO	
3. Are there opportunities for ongoing staff development at the local level?	YES NO	
4. Are there opportunities for regularly-scheduled staff observation and mentoring sessions apart from the management evaluation process?	YES NO	
5. Are you provided with the training necessary to mentor your local staff in participant-centered communication skills?	YES NO	
6. Do you have the resources necessary to help staff learn and practice new skills?	YES NO	
7. Do multiple members of the staff assist in ongoing staff development?	YES NO	
8. Do staff members have the opportunity to observe their coworkers providing WIC services?	YES NO	
9. Is there a mechanism for all staff to offer suggestions for improvements to WIC service delivery?	YES NO	
10. Do clear communication systems exist to keep staff updated on policies and procedures?	YES NO	
11. Do staff members display teamwork and support each other?	YES NO	