

**LONG-TERM CARE OMBUDSMAN SERVICES
MENTOR PROGRAM EVALUATION**

TYPE OF EVALUATION Certification _____ Annual Evaluation _____

NAME _____ DATE _____

CODE: A=Satisfactory B=Additional Training
 Recommended C=Not Observed

AREA	A	B	C
PERSONAL *			
1. Exhibits independent judgment			
2. Indication of reliability			
3. Ability to recognize and accept conflict			
4. Understands Role of the Ombudsman			
5. Ability to respect cultural, ethnic and personality differences			
Comments:			
ATTITUDE			
1. Willingness to seek advice			
2. Willingness to honor commitment to volunteer 20 hours per month, monitor facility, per program policy and spend time, per need, to complaint resolution.			
3. Concerned about problems of the elderly			
Comments:			
INTERPERSONAL RELATIONSHIPS			
Cooperates and works effectively with peers, staff and supervisor			
Comments:			

AREA	A	B	C
KNOWLEDGE			
Extent of knowledge of methods, procedures & regulations			
Comments:			
SKILLS *			
1. Shows objectivity, organization, resourcefulness and adaptability			
2. Ability to effectively visit & monitor LTC facilities			
Comments:			
INTERVIEWING*			
1. Ability to gather relevant information from resident/witness			
2. Ability to communicate necessary and factual information to resident.			
3. Ability to develop and nurture resident			
Comments:			
CASE PLANNING*			
1. Ability to identify resident objectives			
2. Ability to analyze & organize facts. Cognizant of resident's rights			
3. Knowledge of community resources			
Comments:			

AREA	A	B	C
INVESTIGATION*			
1. Ability to conduct investigation, identify information sources, gather witness statements			
Comments:			
DOCUMENTATION*			
1. Ability to complete program forms			
2. Ability to describe factual & legal issues of case as related to regulations and desired outcome			
Comments:			
RESOLUTION*			
1. Ability to arrive at a resolution that meets with resident's expressed wish and considers potential impact to other residents			
2. Ability to differentiate between short term, intermediate and long term resolution			
Comments:			

Number of Visits to SNF _____ Number of Visits to RCFE _____

Additional Significant Issues or Concerns:

_____ **Individual is Recommended for certification as Ombudsman.**

_____ **Individual is NOT Recommended for certification as Ombudsman.**

Prepared by: _____ Date _____

Reviewed by _____ Date _____

For Personnel File:

_____ *Memorandum of Understanding*

_____ *Copy of Drivers License*

_____ *Confidentiality Statement*

_____ *Proof of Auto Insurance*

_____ *Application Form*

_____ *Certification Request*

_____ *Authorization to Drive*

_____ *Mandated Reporter Form*

Program Manager _____ Date _____