

Mentored Self-Study CMTE Program Plan

Mentee

Description of the Mentored Self-Study Program

Name of Student: _____

CBMT Certificate #: _____

Name of Mentor: _____

Content area or subject of study: _____

Summary of Self-Study Program Plan (one paragraph only)

Outline on this page the individual elements of the program plan, including:

- a. Purpose of study
- b. Statement of student's need for this study program
- c. Statement of student's goals for this study program
- d. Statement of mentor's competence in the subject area of the study program
- e. Statement of the student's readiness to pursue the program
- f. Explicit behavioral objectives of the student undertaking this program
- g. Educational materials used in this program of study

Mentored Self-Study CMTE Final Evaluation

Mentee Only

Name of Student: _____

CBMT Certificate #: _____

Email address: _____ Phone: _____

Name of Mentor: _____

Method used in study program: (e.g. lessons, supervision, research, course): _____

Inclusive Dates of Study: _____

Number of CMTEs claimed: _____

Describe the method of calculation used to determine the number of CMTE credits claimed for this study program: _____

Student's Evaluation of the Learning Experience.

Student: Attach to this form an evaluation of your learning experience, based upon the stated objectives and the content of the program. (Maximum: one typed page)

Sign and date the attached page.

Mentor's Statement of the Student's Achievement.

When your study is completed have your mentor complete a written paragraph or two evaluating your learning experience, based upon the stated objectives and content matter. Have them sign and date their statement for you to include with this form.

Student's signature below certifies that the statements above are accurate and that this program was conducted in compliance with the CBMT *Code of Professional Practice*.

Signature of Student

Date

Mentored Self-Study CMTE Program Plan

MT-BC Mentor

*required for claiming credits

Name of Mentor: _____

CBMT Certificate #: _____

Email address: _____ Phone number: _____

Name of Student: _____

Method used in study program: (e.g. lessons, supervision, research, course): _____

Inclusive Dates of Study: _____

Number of CMTEs claimed: _____

Describe the method of calculation used to determine the number of CMTE credits claimed for this study program: _____

Describe your competence in the subject area of the study program.

Mentor's signature below certifies that the statements above are accurate and that this program was conducted in compliance with the CBMT *Code of Professional Practice*.

Signature of Mentor

Date

Signature of Mentee

CBMT Certificate #

Date