

## Mentoring Supervisory Completion Certification

Please choose one of the following outcomes and sign at the bottom of the form.

- Mentoring was completed successfully:  
I, \_\_\_\_\_ Supervisor, Iowa Department of Health and Human Services find that \_\_\_\_\_ successfully completed the mentoring of \_\_\_\_\_ on \_\_\_\_\_ . The mentor followed the expectations as outlined in the mentoring agreement.
  
- Mentoring was ended prior to completion, but the mentor followed the expectations as outlined in the process documents:  
I, \_\_\_\_\_ Supervisor, Iowa Department of Health and Human Services find that \_\_\_\_\_ completed the mentoring of \_\_\_\_\_ on \_\_\_\_\_ . Mentoring will not continue due to: \_\_\_\_\_ . The mentor followed the expectations as outlined in the mentoring agreement.
  
- Mentoring was ended prior to completion and the mentor did not follow the expectations as outlined in the process documents or for some other reason is unable to continue:  
I, \_\_\_\_\_ Supervisor, Iowa Department of Health and Human Services indicate that \_\_\_\_\_ did not successfully complete the mentoring of \_\_\_\_\_ on \_\_\_\_\_ due to the following reason(s): \_\_\_\_\_

|                      |      |
|----------------------|------|
| Supervisor Signature | Date |
| SWA Signature        | Date |

Please note: A mentee leaving employment or not making their probationary period does not mean a mentor did not meet their expectations for mentoring.