



Interview Checklist (R.I.S.E. Program)



Mentor Name: _____ **Date:** _____

Please check either YES or NO for each section below:	YES	NO
Completed Mentor Application		
Obtained at least one referral/recommendation from a staff member		
Approved by the Interview Committee		
Approved by the Classification Committee		
Offender notified of the first specialized training		
Mentor's supervisor has reviewed program rules with Mentor		
Mentor has attended required training		
Mentor has completed the Pathfinder's Training Program		

Retention Schedule: Upon completion, this form shall be kept in the offender's record in SCRIBE and a hard copy shall be placed in the offender's institutional file.