



Mass Mentoring Partnership Quality-based Membership – Program Self-Assessment

Please check the 'yes' box for each standard of practice that your program has in place and, as noted below, include copies of selected documents. All documents will be kept confidential at the offices of Mass Mentoring Partnership (MMP). For assistance with completing this document, please contact your Membership Contact at MMP.

To become a Partner Member, a program must meet ALL of the required best practices as indicated below with an 'R', meet 70% of the overall practices listed, submit all required materials, and take part in a program standards conversation with MMP staff. In addition, all programs must also complete the "Road to Membership" work plan.

Section One: Program Design and Planning

- | YES | Q# | Your program has a design and plan that includes: |
|--------------------------|-----|--|
| <input type="checkbox"/> | 1 R | Mentoring program/organization mission statement. (<u>please attach a copy to the completed assessment</u>) |
| <input type="checkbox"/> | 2 R | Mentoring program/organization budget. (<u>please attach a copy to the completed assessment</u>) |
| <input type="checkbox"/> | 3 | A logic model. |
| <input type="checkbox"/> | 4 R | A planning document that includes program goals, objectives, activities, communities served, and general implementation timeline. (e.g. business plan, strategic plan, operations plan etc). (<u>please attach a copy to the completed assessment</u>) |
| <input type="checkbox"/> | 5 | An internally created or externally obtained assessment of community need for the service delivered to the target population. (Year of assessment _____) |
| <input type="checkbox"/> | 6 | A funding and resource development plan. (year created _____) |

Please provide any additional comments regarding your practices in this area that are not covered by the check list above: _____

Section Two: Program Management

- | YES | Q# | Your program's management practices include: |
|--------------------------|------|---|
| <input type="checkbox"/> | 7 | A clearly defined organization chart for the larger organization or for your program specifically. |
| <input type="checkbox"/> | 8 R | A board of directors or a program advisory group that is engaged in your program's success. |
| <input type="checkbox"/> | 9 R | A system for monitoring program information, including contact and demographic information. (<u>please attach a description of the system to the completed assessment</u>) |
| <input type="checkbox"/> | 10 R | A confidentiality policy regarding mentee and mentor information. |
| <input type="checkbox"/> | 11 R | A policies and procedures manual for staff that documents how your program implements basic best practices and includes a section on risk management. (<u>please attach a copy to the completed assessment</u>) |
| <input type="checkbox"/> | 12 | A staff development and training plan. |
| <input type="checkbox"/> | 13 R | Regular supervision of all program staff. |
| <input type="checkbox"/> | 14 | A communication process or plan for building community support and advancing the overall goals of your program. |

Please provide any additional comments regarding your practices in this area that are not covered by the check list above: _____

Section Three: Program Operations

YES Q# Your program's recruitment plan includes:

- 15 R Clearly written eligibility for mentors and a written description of the screening process for distribution to mentors. (*please attach a copy to the completed assessment*)
- 16 Clearly written eligibility for mentees.
- 17 R Clearly written consent form for caregivers.
- 18 Marketing plan that targets outreach based on participants' needs and includes concrete strategies to achieve mentee and mentor recruitment goals.

Please provide any additional comments regarding your practices in this area that are not covered by the check list above: _____

YES Q# Please check the box next to each screening component you have in place for volunteer mentors:

- 19 R Written mentor application.
- 20 R Mentor interview.
- 21 Observation by staff at initial meeting of mentor/mentee match.
- 22 R Minimum of 2 reference checks conducted by program staff.
- 23 R For mentors who will transport youth, a copy on file of the mentors' driver's license and proof of insurance.
- 24 R CORI background check.
- 25 SORI background check.
- 26 Fingerprint check.

Please provide any additional comments regarding your practices in this area that are not covered by the check list above: _____

YES Q# Your program's orientation process provides mentors with the following:

- 27 R A program overview, including the type of mentoring (one-to-one, group, peer, etc.), the nature of the mentoring sessions (academic support, socialization, workforce development, etc.), and the program's goals.
- 28 A mentor job description.
- 29 R Guidelines for the mentoring relationship, including where/when mentoring will take place, the level of commitment, match duration and the closure process.
- 30 R Program procedures and information on how the program operates. (required written updates from mentors, mentor stipends, reimbursement guidelines for mentor mileage expenses, etc.)
- 31 Preparation for what to expect in the first meeting between the mentor and mentee.
- 32 R Training on basic mentoring practices that includes discussion about the program "Do's" and "Don'ts," how to handle various situations, and related liability issues.
- 33 A description of the benefits and rewards of a successful mentoring relationship.
- 34 Review of the community in which the program takes place and its opportunities and challenges that could impact the mentoring relationship.

Please provide any additional comments regarding your practices in this area that are not covered by the check list above: _____

YES Q# Your program provides orientation for mentees (as age appropriate) and/or their caregivers that includes:

- 35 R A program overview, including the type of mentoring (one-to-one, group, peer, etc.), the nature of the mentoring sessions (academic support, socialization, workforce development, etc.), and the program's goals.
- 36 R Guidelines for the mentoring relationship, including where/when mentoring will take place, match duration and the closure process.
- 37 R Discussion about the program "Do's" and "Don'ts," handling various situations, and crisis management issues.
- 38 Preparation for what to expect in the first meeting between mentee and mentor.
- 39 A description of the benefits and rewards of a successful mentoring relationship.

Please provide any additional comments regarding your practices in this area that are not covered by the check list above: _____

YES Q# Your program's matching process:

- 40 R Is based on established criteria such as gender, age, language requirements, availability, needs, interests, preferences, life experience and temperament.
- 41 R Is documented in writing for all program staff and management to follow. (please attach a copy to the completed assessment, if not included in other supporting documents)

Please provide any additional comments regarding your practices in this area that are not covered by the check list above: _____

YES Q# Your program's match support services include:

- 42 R Consistent communication with the mentor and mentee throughout the match.
- 43 A checklist for signs of child safety concerns and a process for addressing them.
- 44 R A process for managing grievances, resolving problems and offering positive feedback.
- 45 A process for dealing with premature closure of the relationship.
- 46 R A tracking system for ongoing match assessment. (e.g., case notes on match meetings)
- 47 Community resources available for mentors and mentees to support issues that arise during the match and the ability to connect the match to these support programs.
- 48 Resources for parents and family members of mentees to support their development and/or engagement in the program.
- 49 R Ongoing support for mentors (training on other relevant topics, support group, web-based resources, group meetings, listserv) that is easily accessible.

Please provide any additional comments regarding your practices in this area that are not covered by the check list above: _____

YES Q# Your program conducts a formal process to close matches that includes:

- 50 R A clearly stated policy regarding future contacts between the mentor and mentee once the match is no longer monitored by the program.
- 51 A process to debrief the mentoring relationship with the mentor and mentee. (or caregiver, where appropriate)
- 52 If applicable, a permission form signed by the mentor, youth and/or caregiver to permit future contact between the participants without program involvement.

Please provide any additional comments regarding your practices in this area that are not covered by the check list above: _____

Section Four: Program Evaluation

YES QAS Your evaluation practices include:

- 53 R A written outline of expected outcomes for youth and how the program will measure progress towards meeting them. (e.g., goal attainment, grades, attendance, substance abuse, quality of relationships) (*please attach a copy to the completed assessment*)
- 54 Measures and outcomes associated with the effectiveness of your mentors
- 55 R A system for collecting and managing evaluation data that includes data collection tools. (*please attach a copy of tools used to the completed assessment*)
- 56 A quality assurance system that monitors program activity and records to ensure program standards are being met.
- 57 R Consistent ways to collect and analyze feedback from mentors, mentees and parents throughout the year. (*please attach copies of all tools to the completed assessment*)
- 58 A process to review evaluation findings, to refine program design and service delivery in response to what's learned and to deliver findings to board, funders, community partners, and other supporters of the program.

Please provide any additional comments regarding your practices in this area that are not covered by the checklist above: _____

Section Five: Additional Information

Please provide any **additional** information that may be useful in understanding your program planning, management, operations and evaluation. Mass Mentoring Partnership recognizes that there are various program models and structures, and we urge you to use the space provided below to share any additional information that will inform us of the quality-based practices that your program utilizes (Please limit this section to less than one page).

We attest that the preceding responses to this Quality-Based Program Assessment are accurate.

Signature - Mentoring Program Director

Date

Signature - Executive Director of Agency

Date