



Supplemental information: Template for recording mentoring

**The letter should preferably be prepared on the letterhead of the organization.*

[Date]

International Society of Wheelchair Professionals

6425 Penn Avenue, Suite 401

Pittsburgh, PA 15108 USA

Dear ISWP Staff:

Name and Last name:

Job title:

Company name:

Company city and country:

Mentor name and last name:

Mentor phone (include country code):

Mentor's brief background description:

Mentoring dates:

Mentoring duration in hours:





Description of the mentoring activity, include in which of the 8 steps of the wheelchair service it focused:

Outcome of the mentoring activity, include improvements that the mentee had and recommended next steps:

Mentor's signature:

Applicant's signature:

