



Specialist Peer Mentoring Module

Providing Support to Tertiary Students on the Autism Spectrum and Related Conditions



Mentoring Module Forms, Samples & Templates

June 2016



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The Cooperative Research Centre for Living with Autism (Autism CRC)

The Cooperative Research Centre for Living with Autism (Autism CRC) is the world's first national, cooperative research effort focused on autism. Taking a whole of life approach to autism focusing on diagnosis, education and adult life, Autism CRC researchers are working with end-users to provide evidence-based outcomes which can be translated into practical solutions for governments, service providers, education and health professionals, families and people with autism.

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“For weeks you see what you think is little or no improvement. What you don't realise is that it is happening without you knowing and all of a sudden you see them taking on board what you have said, encouraging fellow mentees to go out and try things and inviting them along to study groups. Without the program they wouldn't have this, it's fantastic to see and very rewarding that you can make a difference.”

(CSMP Mentor)

Table of Contents

Mentor Induction Meeting Checklist	6
General Program Information.....	7
Mentor Induction Flyer.....	9
Mentor Time Sheet	10
Mentor Reporting Form	11
Mentor Reporting Form (Sample).....	13
Mentor/Mentee Responsibilities Contract	15
Mentor Confidentiality Agreement	16
Social Group Report Form.....	17
Social Group Report Form (Sample).....	18
Mentor Handover Form.....	19
Mentee/Mentor Composite List (Sample)	20
Weekly Checklist for Report (R), Meeting (M) & Time-sheet (T) (Sample)	21
Mentee Induction Flyer	22
Mentee Intake Meeting Checklist	23
Mentee Social Group Flyer	24
Mentee Intake Form.....	26
Mentee Release of Information Form.....	33
Mentee Consent Form.....	34
Specialist Mentoring Program Referral Form.....	35
Information Sheet for Work Experience/Employment (Sample)	36
Curtin Crisis Response Chart (Sample).....	38
University of WA Specialist Mentoring Safety Plan (Sample)	39

MENTOR INDUCTION MEETING CHECKLIST

Tick Completed Items:

- Instruct mentors to briefly introduce themselves to group.
- Issue *Specialist Mentor Toolkit*, National Autistic Society (NAS) *Student Mentor Guidelines (UK)*, National Disability Coordination Officer Programme (NDCO) of Australia *Tertiary Education: Helpful Hints for People with Autism Spectrum Disorder* and *Mentor Confidentiality Agreement* (See Appendix A).
- Ask mentors to sign and return the *Mentor Confidentiality Agreement*.
- Be issued and asked to get joint signatures (mentee/mentor) on the *Mentor/Mentee Responsibilities Contract* form to be returned ASAP to Coordinator.
- Instruct to read and digest three documents (Toolkit, NAS Guidelines & NDCO Helpful Hints) prior to their Specialist Mentor Training.
- Give details of the training day and have any queries addressed.
- Explain importance and the workings of the social group.
- Ask for and note down names of volunteers to be on a Social Group Coordinating Committee (3-5 students needed so responsibilities can be shared).
- Give details of contract and payment requirements (if mentors are to be paid).
- Inform regarding National Police Clearance and Working with Children Check requirements.
- Issue mentee/mentor pairings list.
- Inform of details of mentor/mentee meeting requirements ('Meet and Greet' Meeting or individual meetings to be organised)
- Issue details of supervision meeting dates, times and deadlines for weekly reports during the teaching weeks of the semester.
- Remind to highlight (bold type) any pressing issues and positive breakthroughs in their weekly reports that need discussion at the supervision meetings.
- Issue their mentee's file (hard copy) to briefly view, note important details (such as contact details, mentee interests, Safety Plan) and return to the Program Coordinator at the conclusion of the meeting (10 minutes approx.).
- Collect mentee files from mentors and indicate they can revisit or gain access to files at another prearranged time if needed.

GENERAL PROGRAM INFORMATION

Specialist Peer Mentoring Program Information

(Supporting Students on the Autism Spectrum and Related Conditions)

The Specialist Peer Mentoring Program is designed to support students on the Autism Spectrum and related conditions to improve their retention, academic success and well-being at university through the employment of a peer-mentoring program.



Research has shown that tertiary students on the Autism Spectrum may experience difficulties with:

- Planning and organising.
- Verbal comprehension.
- Group work and oral presentations.
- Forming friendships and joining groups.
- Seeking help / self-advocacy.
- Anxiety / depression.

Research has also shown that an experienced specialist peer mentor can help with these difficulties.

What is a Peer Mentor?

A peer mentor is a friendly, successful and experienced student who has received specific training in Autism Spectrum Conditions. Each student mentee is paired with a specialist peer mentor who is available to provide support and guidance according to their mentee's individual needs.

Mentors provide mentees with the opportunity to discuss personally relevant issues and their short, medium and long term academic and life goals. Individual

communications and/or meetings encourage the mentee to develop strategies to work through specific problems and practise target skills. Mentors can also assist students in locating appropriate services or groups on campus.

Mentors work toward the long term goal of trying to help their mentee gain as much confidence, independence and self-advocacy as possible in preparation for a more successful life.

What else can the Specialist Peer Mentoring Program do?

- Facilitate a Social Group to help mentees build a welcoming social network within their campus community.
- Support mentees to gain Work Experience/Employment in their field of interest/study over the course of their studies.

Mentees' key role & responsibilities:

- Respond ASAP to any communications from their mentor during the semester.
- Contact/meet their mentor at agreed times (and locations on campus if applicable).
- Advise their mentor by email/text of any unavoidable changes to arrangements at least 24 hours in advance.
- Communicate any difficulties they may be experiencing to their mentor.
- Be open to try different techniques to improve these difficulties.
- Try to attend Social Group events when possible.

Mentors' key role & responsibilities:

- To listen to their mentee's concerns and provide guidance for overcoming the challenges of studying in a tertiary environment.
- To link their mentee with clubs, services and supports that are on campus to help them succeed socially, emotionally and academically.
- To provide assistance with strategies for organising and planning workloads, working within groups, giving presentations, finding employment and so on.
- Try to attend Social Group events when possible.

Please contact the Program Coordinator below for more information:

(Please insert Program Coordinator contact details here)

MENTOR INDUCTION FLYER

Wanted: Specialist Peer Mentors

(Supporting Students on the Autism Spectrum and Related Conditions)



- Are you a successful, experienced tertiary student who would like to gain valuable experience mentoring a student on the Autism Spectrum?
- Are you available to work on campus one or more hours per week during semester?
- Would you like to work in a team environment, receive specialist training and support for your role?
- If your answer is YES to all of these questions, please *email (fill in appropriate Coordinator name and contact details) ASAP* and include the following details:
 1. A current resume.
 2. Reasons for your interest in the specialist mentoring role.
 3. The name / contact details of an academic staff member who can attest to your suitability for the role of a specialist mentor.

MENTOR TIME SHEET

Specialist Peer Mentoring Program Time Sheet

Mentor Name:

Student ID:

Staff ID:

School:

I have undertaken the following support services for:

Mentee Name:

Student ID:

School:

SEMESTER 1 2 Year: 20__

Date: Hours Worked:

Date: Hours Worked:

Date: Hours Worked:

Date: Hours Worked:

Date: Hours Worked:

Date: Hours Worked:

Date: Hours Worked:

Date: Hours Worked:

Mentor Signature: Date:

Mentee Signature: Date:

Coordinator Signature: Date:

MENTOR REPORTING FORM

Specialist Peer Mentor Weekly Reporting Form

Mentor Name: _____

Mentee Name: _____

For Week Ending Friday

--	--	--

Times, Types and Place of Contact:-

<ul style="list-style-type: none">•••••

Session Content:-

--

Strengths:-

--

Difficulties:-

Possible Solutions:-

Referrals (Where, Reason for referral):-

MENTOR REPORTING FORM (SAMPLE)

Mentor Name: _____ G _____

Mentee Name: _____ W _____

For Week Ending Friday

14	03	20xx
----	----	------

Times, Types and Place of Contact:-

- 12/3 Meeting with mentee – waited didn't turn up
- 12/3 emailed mentee
- 13/3 emailed mentee and text
- 14/3 reminder text
- 14/3 meeting with mentee

Session Content:-

Emailed W after I waited on Wed and he didn't show up just enquired about how he was and let him know that I waited and that I could meet either Thurs or Fri. Received email from W, had a busy day and remembered Wed night after it was too late. Was happy to rearrange and scheduled time for Fri afternoon to catch up.

Was early for meeting on Fri, explained the situation on wed needed to do shopping and had phoned a friend, didn't expect him to say he was going right then. Has transport issues, is able to drive but doesn't have a car, relies on friends in order to do shopping. Does use public transport and is competent. Asked if he had a diary has never liked using them, showed him the semester planner and explained how he could map out his assignments felt this might be quite useful.

He advised until today did not have internet access in his room, showed me that he had purchased wireless internet, had also arranged with other students in student housing to share and had advised them that he wouldn't purchase until everyone paid the first month in advance (Check at supervision meeting how others in student housing organise this). Let him know that was good and suggested he use the same strategy if they were cooking for each other so he wasn't always paying.

Doesn't have any goals at the moment is happy with the way things are going, and is finding the work easy. Finds the catch up's helpful, he advised his major problem is usually around exam time, which I suggested it may be good to book in with the counselling service early so he has that added support. He did feel that knowing I would be around e.g. our catch up's would be helpful.

Looked at his timetable and suggested that maybe Tuesday would be a better day for meeting as he had fewer classes, so would possibly feel less overwhelmed, he agreed and we arranged to meet Tuesday's 12pm from now on suggested he put a reminder in his phone, as I didn't want to be reminding him every week as I felt like I was nagging him, felt this was a good idea.

Spoke about the Social Group and advised him that J. was now studying her Masters at Curtin too and was keen to go along, he thought he might attend next week as we had also moved our catch up which would free him up to attend.

He told me he has also made a friend in Physics, someone who doesn't like being around people, prefers his own company. His house mates were surprised as this was the first person he had brought home.

Also spoke about being safety conscious when catching public transport late at night, keeping to well-lit areas. He felt comfortable with this as where he lived in UK was rural and was a rough area.

Strengths:-

Planning and Organising.

Difficulties:-

Time management.
Transport – more around relying on other people or public transport.
Stress around exam time.

Possible Solutions:-

Continue seeking out appropriate help re time management on campus and alert W to what is available. Check at supervision meeting how others in student housing organise internet access and payment.

Referrals (Where, Reason for referral):-

Refer W to Counselling so he can start to get some help for anxiety prior to the exam period.

MENTOR/MENTEE RESPONSIBILITIES CONTRACT

Responsibilities of a CSMP Mentor

I agree to:

- Respect the professional boundaries between the mentor and the mentee.
- Respond ASAP to any communications from my mentee during the semester.
- Contact or meet my mentee at agreed times (and locations if applicable).
- Advise my mentee by email/text of any unavoidable changes to arrangements at least 24 hours in advance.
- Lodge a regular report documenting issues arising for supervision purposes.
- Communicate with my mentee in clear and specific terms providing a written and/or diagrammatic representation of the communication (if needed).
- Attend the Social Group (when possible) and regular supervision meetings to gain advice and guidance.
- Support my mentee to prepare their resume and seek out relevant work experience / work over time.
- Provide guidance consistent with the defined role of a specialist student mentor.
- Provide feedback about the program through participation in evaluation research.

Responsibilities of a CSMP Mentee

I agree to:

- Respect the professional boundaries between the mentor and the mentee.
- Respond ASAP to any communications from my mentor during the semester.
- Contact or meet my mentor at agreed times (and locations if applicable).
- Advise my mentor by email/text of any unavoidable changes to arrangements at least 24 hours in advance.
- Try to attend any meetings requested by the Specialist Peer Mentoring Program including the Social Group.
- Work toward my own short, medium and long term life goals including employment.
- Communicate any difficulties I may be experiencing to my mentor (or the Coordinators should the need arise).
- Be open to try different techniques to improve difficulties I may be experiencing.
- Provide feedback about the program through participation in evaluation research.
- Contact the Coordinator if I am experiencing concerns / difficulties working with my mentor.

We, (print mentor name) _____ and

(print mentee name) _____ have

read and understood the above Mentor/Mentee Responsibilities Form. We agree to these conditions for the mentoring service provided by CSMP.

Mentor Signature _____ **Date** _____

Mentee Signature _____ **Date** _____

MENTOR CONFIDENTIALITY AGREEMENT

I (name).....

OF (address)

understand that maintenance of confidentiality is an express condition of my role as a specialist mentor.

I undertake to treat as confidential any information to which I may have access in the course of my mentoring role. I shall only access clinical records that are relevant to my duties as a mentor and refrain from accessing any other clinical records of the service. I am aware that unauthorised access to electronic records may be tracked.

If a conflict of interest exists between a presenting mentee and myself, I shall immediately inform my Coordinator. I shall not use such information other than as required in the course of my duties as a mentor within the Service.

I shall not divulge such information to any party outside of the Specialist Peer Mentoring Program either during or subsequent to my role as a mentor except as may be required by a competent court of law or as authorised in writing by the Coordinator.

Signed: Date.....

Witness: Date.....

SOCIAL GROUP REPORT FORM

Report for Weekly Social Group

Date:

Mentees in Attendance:

Mentors in Attendance:

What happened at the social group?

What areas could be improved?

What is planned for future weeks?

SOCIAL GROUP REPORT FORM (SAMPLE)

Report for Weekly Social Group

Date: Wednesday 4th of March 20xx

Attendance:

Mentees:

Mentors:

What happened at the social group?

- The session started on time at 12.15pm.
- Firstly K. facilitated an icebreaking activity “If’s & What’s” and “Candy Confessions”
- Everyone participated in the activity, all were engaged
- We then played board and table games in groups such as Jenga, Poker, Zombie card game
- E. performed a song she has written herself
- The meeting finished on time at 1.45pm.

What areas could be improved?

- Make sure that any important information about the next meeting is announced before the social group ends e.g. Next week M. is facilitating a session where participants bring something meaningful along with them to talk about – but we didn’t manage to tell the attendees to bring something along with them next week. We will have to ask Mentors to remind mentee’s and post it on the social group Facebook page instead.

What is planned for future weeks?

- M. will be running a social activity session focusing on Mentee’s interests and passions
- Working on listening and talking – asking questions to find out more about others, starting conversations about other people’s interests etc.

MENTOR HANDOVER FORM

To help with the handover process, please complete the form below and return to your Specialist Mentoring Coordinator:

Mentor Name:

Mentee Name:

1. My mentee's main strengths are:

2. My mentee's main difficulties are:

3. The goals that I see as being useful and achievable for my mentee are:

a) Short term:

Have you discussed these with your mentee? Yes/ No

b) Long term:

Have you discussed these with your mentee? Yes/ No

4. Please provide any additional information that the new mentor may find useful.

MENTEE/MENTOR COMPOSITE LIST (SAMPLE)

Mentee List						
Name & School / Faculty	Student No.	Email	Phone	Entry Date	Parent/Support Person Contact Details	Mentor Name

Mentor List						
Name & School / Faculty	Student No.	Email	Phone	Entry Date	Attended Training	Mentee Name/s

MENTEE INDUCTION FLYER

Specialist Peer Mentoring Program

- Are you a student who is on the Autism Spectrum or has a related condition?
- Would you like an experienced, successful peer mentor to help you navigate university life during the academic year?
- Would you prefer a peer mentor specifically trained to support your individual strengths and needs?

If your answer is YES to all of these questions then please contact (Fill in name/s and contact details of appropriate person/s) ASAP for more details as mentee places are limited.



MENTEE INTAKE MEETING CHECKLIST

Mentee Name:

Tick completed items:

Meeting:

- Issue booklet containing the:
 - *Mentee Information Booklet* (See separate document).
 - *NDCO Tertiary Education: Helpful Hints for People with Autism Spectrum Disorder* (See reference to separate document).
 - *Mentee Intake Form* (See Appendix B).
 - *Mentee Release of Information Form* (See Appendix B).
 - *Mentee Consent Form* (See Appendix B).
 - *Mentee Safety Plan* (Appendix C).
 - *Mentee Social Group Flyer* (Appendix B)
- Explain contents of booklet.
- Ask mentee to complete and return the relevant forms to the Coordinator ASAP (See Appendix B - *Mentee Intake Form*, *Mentee Release of Information Form*, *Mentee Consent Form* and Appendix C – *Mentee Safety Plan*).
- Encourage mentee to ask any questions they may have about the program.
- Inform mentee as to how the first point of contact between mentor and mentee will be made.
- Issue a 'Meet & Greet' flyer if needed. (See Appendix B - *Meet & Greet Flyer*)
- Encourage mentee to contact the Coordinators should they experience difficulties with their mentor.

Post Meeting:

- Scan and place completed forms in mentee file (soft and hard copy).
- Record relevant details on composite list.
- Send a reminder 'Meet and Greet' meeting email or set up a meeting with their allocated mentor.

MENTEE SOCIAL GROUP FLYER



Social Group

(fill in times, day, dates and location)

The Social Group is a fun, social space that occurs each week throughout the teaching weeks of semester. All are welcome! Please bring any board, card or electronic games you'd like to play. Our emails are below if you wish to contact us. We hope to see you there!

(Fill in email contact details of Social Group Coordinators and provide details of the Social Group Facebook page if one has been created)

'MEET & GREET' MEETING



You (and a support person) are invited to meet your mentor and others involved in the Specialist Peer Mentoring Program.

Where?

When?

RSVP?

Coordinator:

(Fill in contact details of Coordinator)

MENTEE INTAKE FORM

SPECIALIST PEER MENTORING PROGRAM

Information provided on this form will be kept confidential. Mentees have very valuable knowledge about what works and doesn't work for them. By providing detailed information mentees will help their mentor understand their individual profile and specific needs more quickly. Not all sections of this form will be relevant to all mentees, please fill out all relevant areas to your situation.

(*It is highly recommended that mentees gain the assistance of a support person / parent when filling out this form because they can often provide additional information that will be useful to their mentor.)

General Information:

Today's date: _____

Your full name: _____

Your preferred name: _____

Your age: _____

Your birth date: _____

Your home address: _____

Your phone number/s: _____

Your preferred email: _____

Your preferred contact method: _____

Your student number: _____

Parent / support person contact information (name, address, phone, email):

(To be part of the Specialist Peer Mentoring Program you will need to give permission for us to contact your parent/support person should an emergency arise or more details about your situation need to be known. Please tick appropriate box on the attached Release of Information Form.)

Prior Educational Background:

Where did you receive your high school education (this includes home school education)?

What year did you finish your high school education?

Were you provided with appropriate educational support in your high school setting? (tick one)

- No
- Yes (give details)

Have you attended TAFE or any other tertiary education institutions? (tick one)

- No
- Yes

If yes, what degrees, diplomas or certificates did you attempt and what were your results?

Did you receive extra support at these other tertiary education institutions? (tick one)

- No
- Yes

If yes, what supports were put in place that were helpful?

Current University Information:

Course enrolled in:

Current major:

Year (circle one or more): First Second Third Fourth Fifth Sixth

Academic standing at the moment (circle one): Good

Conditional

Course coordinator's name and contact details (if known):

Do we have permission to speak with this person? (tick one)

- No
- Yes

(If yes, please tick appropriate box on the attached Release of Information Form)

Academic & Scholarship Services:

Do you currently receive any assistance to help you with your studies (tick one)?

- No. Why not? (give details)

- Yes. (give details)?

University Disability Service:

Are you registered with the University Disability Service? (tick one)

- No *
- Yes

(If yes, please tick appropriate box on the attached Release of Information Form so that we can access any other relevant background information from your Disability Advisor.)

(*Please Note: All mentees need to be registered with the University Disability Service to gain the services of a specialist mentor and any other accommodations / modifications for which they may be eligible).

Housing Information:

Where do you live? (tick one)

- On campus
- With parents at home
- With other family member/s
- Off campus: Shared or Alone (please circle)
- Other (provide details)

Please tell us about any difficulties you may be experiencing with your living arrangements?

Student Activities:

Are you a member of any groups on campus? (tick one)

- No (why not? give details)

- Yes (give details)?

Transportation:

Are there any difficulties with transportation to and from university? (tick one)

- No
- Yes (give details)

Health Information:

Please indicate your main disability/diagnosis/condition?

When were you first diagnosed with this condition?

Please describe how your condition affects you in relation to the following areas and if known, what helps you to overcome these difficulties. (Fill in areas relevant to you only):

Communication (difficulties and what helps):

Social Relatedness (difficulties and what helps):

Rigidity/Obsessiveness/Resistance to Change (difficulties and what helps):

Sensory Function (difficulties and what helps):

Learning and Memory (difficulties and what helps):

Attention and Organisation (difficulties and what helps):

Behaviour (difficulties and what helps):

Emotions (difficulties and what helps):

Self-Care (difficulties and what helps):

Do you have other important health issues or medical conditions others should know about? (tick one)

- No.
- Yes. (give details)

Have you been treated for a psychological disorder such as anxiety or depression? (tick one)

- No.
- Yes. (give details about difficulties and treatments)

How would someone know that you are becoming anxious, stressed, depressed or annoyed?

What should others do to help you when you are highly stressed?

What are the methods that you use to calm yourself when you are highly stressed?

Medication Information:

Are you currently taking any medication? (tick one)

- No.
- Yes. (If yes, give details)

Are there any side effects to the medication that others should know about? (tick one)

- No.
- Yes. (If yes, give details)

Personal Strengths and Goals

My areas of special interest are:

My best skills are:

My short term goals are:

My long goals are:

Work and Work Experience

Have you been able to gain any work or work experience? (tick one)

- Yes. Where and When? (give details)
- No. Is this something you would like help with? (give details)

Thank you for completing this form. Please provide copies of any documentation about yourself that could be helpful to your mentor and the Program Coordinator. Please complete intake forms, scan and email/deliver them back to the Program Coordinator ASAP. If you experience any difficulties please do not hesitate to contact the Program Coordinator for some assistance. (*Program Coordinator's contact details here*)

MENTEE RELEASE OF INFORMATION FORM

I, _____ (*insert your name and student number*) am currently receiving services from the Specialist Peer Mentoring Program. I give permission for you to release information about me to the following persons:

Please tick appropriate boxes:

- Parent/Support Person
- Course Coordinator
- Disability Service Staff
- Counselling Service Staff

(Student Signature)

(Coordinator Signature)

(Print Name)

(Print Name)

(Date)

(Date)

MENTEE CONSENT FORM

As part of providing a peer mentoring service to you, the Program Coordinator and your assigned mentor will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of assessing the areas that you may need support with while at university.

Access

You may access the material recorded in your file upon request, subject to the exceptions in National Privacy Principle 6. If you wish to see your file, you may make a request to your Program Coordinator to help you with this.

Confidentiality

All personal information gathered by the Program Coordinators and mentors during the provision of mentoring services will remain confidential and secure except when:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at risk;
or
3. Your prior approval has been obtained to
 - a) provide a written report to another professional agency e.g. a GP or another professional, or
 - b) discuss the material with another person e.g. a parent or employer

Generally files are kept for a minimum of five years and are then destroyed.

I, (*print name and student number*) _____
_____ have read and understood the above Consent Form. I agree to these conditions for the mentoring service provided by the Specialist Peer Mentoring Program.

Signature _____ Date _____

SPECIALIST MENTORING PROGRAM REFERRAL FORM

The aim of mentoring support is to help students navigate tertiary study and to achieve their academic and personal goals.

Any student who has been diagnosed to be on the Autism Spectrum or has a related condition that affects their ability to study successfully is eligible for support through the program.

* **Please Note:** It is not recommended that peer mentoring be provided to students with significant behavioural issues that would potentially put their student mentor at undue risk.

Date:

Name:

Student Number:

Phone Number:

Email:

Course of study:

Name and position of Staff Member providing referral:

Reason for Referral:

Contact Details of Staff Member providing referral:

Office use only	
Name of mentor	
Mentor student ID	
Date forwarded	

INFORMATION SHEET FOR WORK EXPERIENCE/EMPLOYMENT (SAMPLE)

Brief Information Sheet on J.

Individuals on the Autism Spectrum can experience difficulties in four key areas:

- Social Understanding
- Communication
- Change/Limited Interests
- Sensory Hyper/Hypo sensitivity

They can also offer strengths in the following ways:

- Honesty / loyalty
- Excellent rote memory for areas of interest
- Visual spatial abilities
- Detail focused
- Preference for organized procedures
- Intense interests / savant skills
- Being logical

J. is a highly intelligent young woman who has worked hard to build on her strengths, however, at times she will need support and guidance with her difficulties. It is recommended that J. be assigned a work mentor who can help J. if the need arises.

J.'s Specific Profile

- Social Understanding
 1. May not always understand sarcasm/figurative language etc.
 2. May not fully understand the social nuances of situations
 3. May have difficulty navigating office politics
 4. May become shy in large crowds of peers of similar ages.**(Solution - Provide a Supportive Mentor / Encourage J. to communicate difficulties to Mentor)**
- Communication
 1. May not always seek help when needed
 2. Prefers to have visual information to support verbal instructions
 3. Needs to have feedback sought regarding her understanding of requirements
 4. Needs to be encouraged to advocate on her own behalf
 5. Needs clear list of instructions and tasks**(Solution - Have written information to support verbal instructions / Check J.'s understanding of tasks to be undertaken / Use of Mentor)**
- Change/Limited Interests
 1. Prefers order, timelines and logicity
 2. Appreciates being informed of change prior to situations occurring
 3. Appreciates knowledge and use of established work procedures and practices
 4. Enjoys playing video games/ board games/ cards/ dancing/ astronomy/ drawing/ and watching fantasy or action movies

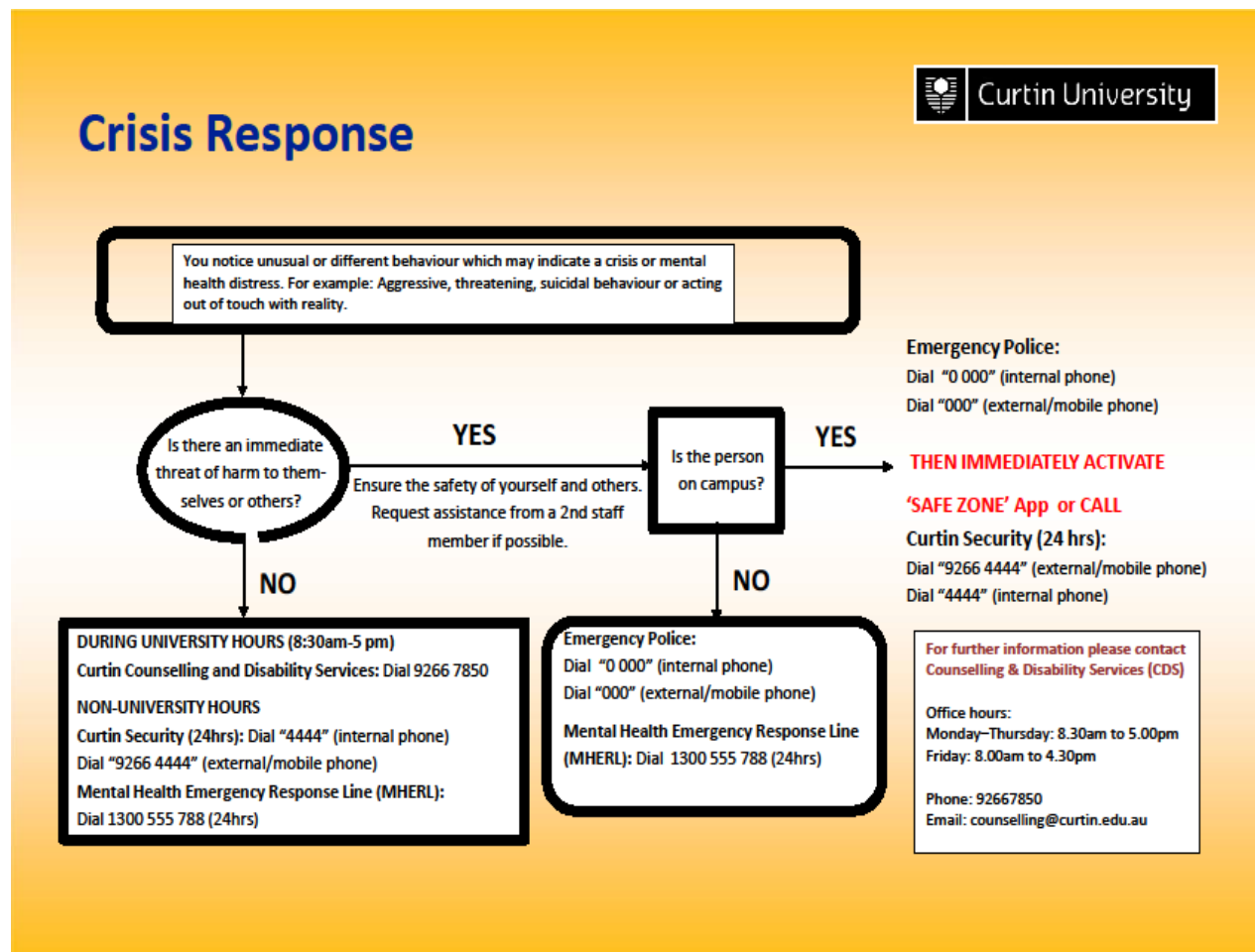
(Solution - Have an ordered, organised workplace where change is communicated as early as possible / Communicate J.'s interests to other staff members so that a common bond can be established / Use of Mentor)

- Sensory Hyper/Hypo sensitivity
 1. Limited Food Preferences
 2. Difficulty with loud sounds
 3. Difficulty with strong smells

(Solution - Allow J. to order/have her own food preferences when social events arise / Seat J. in a quiet area in the workplace / Use of Mentor)

CURTIN CRISIS RESPONSE CHART (SAMPLE)

Please Note: Coordinators will need to source/adapt their own appropriate institution crisis management information (i.e. Crisis Response Chart & Safety Plan) and attach it to Specialist Mentor Toolkit (Appendix B):



UNIVERSITY OF WA SPECIALIST MENTORING SAFETY PLAN (SAMPLE)



THE UNIVERSITY OF
WESTERN AUSTRALIA
Achieving International Excellence

UWA Specialist Mentoring Safety Plan

Date: __ / __ / ____ Having a plan in place that can help guide you through difficult moments can make a difference and keep you safe. A safety plan is designed so that you can start at step one and continue through the steps until you feel safe. You should keep your plan in a place where you can easily access it.

Things I can do to keep me well: (e.g., keep up my self-care activities like exercise, relaxation, seeing friends and family, attend my one-on-one meetings with my mentor)

Step 1 Recognise My Warning Signs: What sorts of thoughts, images, moods, situations, and behaviours indicate to you that a crisis may be developing? Write these down in your own words.

Step 2 Coping Strategies: Things I can do to improve my mood and keep me safe (relaxation, physical activity, music, deep breaths, positive self-talk, making the environment safe)

Step 3 People I Can Contact For Help: List of family members or friends who are supportive and who you feel you can talk to when under stress

First Person I can Call

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Name:	Relationship:	Phone:
Other People I Can Call:		
Name:	Relationship:	Phone:
Step 4: Professionals Or Agencies I Can Contact		
Professional or Agency:	Phone:	Comments
GP:	Ph:	During Office Hours
Lifeline Suicide Call Back Service	Ph: 1311 14 Ph: 1300 659 467	24/7 Crisis Telephone Lines
Mental Health Emergency Response Line (MHERL)	Metro callers 1300 555 788 Peel callers 1800 676 822	24/7 assessment, support and referral if required.
If you are at immediate risk of harm to yourself or others, contact emergency services on 000.		
I understand the above Safety Plan and agree to follow it to help me keep safe		
Mentee Signature:	Coordinator Signature:	
	Mentor Signature:	

Wilson, McMillan & French (2013). Royal Perth Hospital, Department of Psychiatry WA