

Volunteer Telehealth Mentor Network

Mentee Form

First Name

Last Name

Credentials (CDE, CCC-SLP, etc)

Current employer, self-employed, or where attending healthcare training

Telehealth training, if any

I would like to use telehealth with the following age group(s):

Pre-school

Schoolchildren (K-12)

Adults

Seniors

No specific age group

I would like to use telehealth with patients with:

Chronic conditions (diabetes, COPD)

Speech-Language Pathology

Post-brain or spinal injury

Post orthopedic injury

Other (text box here)

What I would like to get from the mentoring session(s) (check all that apply)

Tips for a professional presentation over video

Suggestions to engage a patient in my area of training

Assessment of my skills

Other (text box here)