Foothills Mountaineers

Mentored Climb Evaluation

This document is part of the Climb Leader application Packet.

* Application to the Climbing Committee – By the applicant (Candidate)
	+ Submitted via online form prior to mentored leads <https://www.mountaineers.org/volunteer/volunteer-with-us/leader-applications-folder/climb-leader-application/climb-leader-application>
	+ Current climbing resume, include all climbs and scrambles attempted since and including Basic.
	+ Documents that evidence compliance with Basic Climb Leader requirements (e.g. MOFA, Mountaineers Membership…)
* Mentored Evaluation (s), as indicated below

|  |
| --- |
| Frontcountry Leader |
|  | # of Mentored Leads | Notes |
| Conditioning Hike Leader | 1 |  |
| Sport Leader | 1 |  |
| Trad Leader | 1 |  |
| Snow Leader | 1 |  |

|  |
| --- |
| Backcountry Leader |
|  | # of Mentored Leads | Notes |
| Peer Rock or Glacier Leader | 1 |  |
| Rock or Glacier Leader | 2 | Please see website for details on types of climbs |
| Climb Leader | 3 | Please see website for details on types of climbs |

Part 1 shall be completed by the Candidate for a mentored evaluation climb. Set clear expectations in advance with the Evaluating Mentor that this climb will serve as a Mentored Climb evaluation. Clarify that they are to complete Part 2 after the climb. Your Mentor should review their observations of your climb leadership and trip outcomes with you. The completed document shall be submitted by that Mentor to the Leadership Development Coordinator in advance of the next Climbing Committee meeting.

The following criteria must be considered when selecting a Mentor and Climb. Any deviations must be approved by the Leadership Development Coordinator.

1. The same Mentor cannot be used for both Rock and Glacier climbs.
2. The Mentor must be someone you have not climbed a technical route with for at least one of the Mentored climbs. This Mentor must be approved by the Climbing Committee and in good standing.
3. One of the climbs chosen should be a new and unfamiliar peak or route that has not been climbed by the Candidate.
4. Candidates for Rock Leader or Climb Leader: for the Mentored Rock Climb, the participants should be current Basic Student affiliated with any branch of which no previous climbing relationship exists. Climb may consist of as many rope teams as Candidate wishes, however the additional Rope Leads should be climber(s) that you have not climbed a technical route with.
5. Candidates for Glacier Leader or Climb Leader: the Mentored Glacier Climb should be an overnight climb, two day minimum, not including car camp. Participants should all be Basic Students or Graduates, half of which must be people of which no previous climbing relationship exist. Same criteria applies to Rope Leads.

**Part 1 –Trip Plan**

Candidate

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Email | Click or tap here to enter text. |

Evaluating Mentor

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Email | Click or tap here to enter text. |

Leader Type (Pick from Frontcountry or Backcountry, not both)

**Frontcountry (You may select more than one)**

[ ] Conditioning Hike Leader

[ ] Sport Leader [ ] Trad Leader [ ] Snow Leader

**Backcountry (You may select more than one)**

[ ] Peer Rock Leader [ ] Peer Glacier Leader

[ ] Rock Leader [ ] Glacier Leader

[ ] Climb Leader

[ ] Alpine Ice Endorsement [ ] Water Ice Endorsement

Destination/Route: Click or tap here to enter text.

Date of trip: Click or tap to enter a date.

Activity Result: [ ]  Successful

 [ ]  Turned Around

 [ ]  Alternate Plan (include reason)

 Click or tap here to enter text.

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Have you climbed this Route before?

 Date: Click or tap to enter a date.

 Leader: Click or tap here to enter text.

 Outcome of climb: Click or tap here to enter text.

List any other trips or activities with this Mentor: Click or tap here to enter text.

The following information should be part of your trip planning. Please submit a copy of your trip plan, team communication, and trip report

* Trip Objective – Why this climb, why this route, why this team?
* Team Composition – Team roster and roles
* Route Conditions – Expected and actuals observed
* Weather Conditions – Expected and actuals observed
* Ranger District
* Fees / Permits
* Research – List sources of route research and beta
* Time Plan
	+ Approach – Break out key landmarks, time plan to reach them and actuals
	+ Return – Break out key landmarks, time plan to reach them and actuals
* Camping Plan if applicable
* Gear and Equipment Planning
* Carpooling and Logistics
* Emergency Response Plan
	+ Emergency Contact Focal and Escalation Protocol
	+ SAR Jurisdiction and Contacts
	+ Nearest Trauma Center and Contacts
	+ Equipment – Communications, shelter, first aid…
	+ Turn Around Time
	+ Abort Criteria
	+ Alternate Fall Back Plan

Please complete the following

* **Post Trip Analysis**
	+ What went well on this climb?

Click or tap here to enter text.

* + What didn’t go so well?

Click or tap here to enter text.

* + What would you have done differently?

 Click or tap here to enter text.

* **Candidate’s comments and observation of Participants and Leaders (add rows as needed)**

| **Names** | **Observations, coaching and feedback for participant**  |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |

* + **Any confidential observations to the Basic Climbing Coordinator or Leadership Development Coordinator, if applicable**

Click or tap here to enter text.

**Part 2 – Mentor Evaluation**

Part 2 is to be completed by the Evaluating Climb Mentor. The completed form with the Mentor’s feedback and observations should be shared with the Candidate prior to submission to the Leadership Development Coordinator and Climbing Committee. The Mentor is responsible for submitting the completed document to the Leadership Development Coordinator and Climbing Committee.

If the Climb was aborted at any point or deemed unsuccessful, this report must still be submitted as a record of that event.

If the Candidate’s performance was not satisfactory, clarify why with the Candidate and arrange to work with them until you are satisfied. Work with the Leadership Coordinator if there are concerns with the candidate.

| Criteria | Kudos | Opportunities for Improvement |
| --- | --- | --- |
| Preparation Organized climb effectively, screened participants, set up teams, group gear, directions, instructions, climb came together | Click or tap here to enter text. | Click or tap here to enter text. |
| Technical Ability Constructing anchors, performing belays, rope management, setting protection, navigation | Click or tap here to enter text. | Click or tap here to enter text. |
| Judgement What key decisions were made and how did the Candidate involve participants in decision making? What risk management was demonstrated during the trip?  | Click or tap here to enter text. | Click or tap here to enter text. |
| Coaching, Instruction, & Group Leadership Inspires confidence, works well with the group, handles group dynamics effectively, keeps team working together, keeps calm, team sees as leader | Click or tap here to enter text. | Click or tap here to enter text. |
| Problem Solving Handles any problems that come up, seemed prepared and had contingency plans in place | Click or tap here to enter text. | Click or tap here to enter text. |
| Time Management How effectively was time managed? Did the trip conform to the planned times? If not, how was that managed?  | Click or tap here to enter text. | Click or tap here to enter text. |

What Safety concerns do you have, if any:

Click or tap here to enter text.

In your opinion, should this Candidate do another mentored climb of this type?

[ ] Yes [ ] No

Do you have any comments or observations that do not fit into any of the above categories?

Click or tap here to enter text.

Are you comfortable this Candidate has demonstrated they can lead a trip safely? Would you go on a climb they lead and rope up with them?

[ ] Yes [ ] No

|  |  |  |  |
| --- | --- | --- | --- |
| Mentor Signature: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |
|  | (Typed name or initials will be regarded as a valid signature) |  |  |