Form 5-40



College of Audiologists and Speech-Language Pathologists – Newfoundland and Labrador

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MENTORSHIP REPORT AND RATING FORM (MRRF)

 A separate MRRF must be submitted after each 200 hour period. All blanks and boxes must be filled in. Incomplete forms will be returned and will delay the processing of your application. Print all information clearly. 					
Section 1. Application					
Name Last Home Address	First	Mi	ddle	Registration Number	
Home AddressS Home Phone Number	Street er ()	City	Province Cell Numl	Area Code per ()	
Section 2. Mentor Name					
Registration Numbe	r				
Section 3. Mentor	ship Setting	g Informa	tion		
	•	•		Number ()	
Facility Name			Phone	Number () Area Code	
Facility Name Address		City	Phone Province		



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Section 5. Skills Rating Chart Instructions for the Mentor

- ► Circle the rating that corresponds to each skill. See the Mentorship Skills Inventory (Form 5-50) for a description of each skill.
- ► Rate the Applicant on 18 skills.

▶ Discuss the ratings with the Applicant.

Start Date:	End Date:				_	
Skills	Ratings					
1	5	4	3	2		1
2*	5	4	3	2		1
3*	5	4	3	2		1
4*	5	4	3	2		1
5*	5	4	3	2		1
6	5	4	3	2		1
7	5	4	3	2		1
8*	5	4	3	2		1
9*	5	4	3	2	1	
10*	5	4	3	2	1	
11*	5	4	3	2		1
12	5	4	3	2		1
13	5	4	3	2		1
14*	5	4	3	2	1	
15*	5	4	3	2	1	
16*	5	4	3	2	1	
17*	5	4	3	2	1	
18	5	4	3	2	1	NA
						1



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minimum five (5)					
files.					
Please write the					
initials of the client					
files reviewed					
Total Direct					
Observation					
Hours of Mentee					
(While completing					
assessment or					
treatment) Total Hours in					
Clinical					
Consultation					
between Mentor					
and Mentee					
and wenter					
Mentor's Signature	e :		Applicar	nt's Signature:	
Date			Date		
Section 6: Revie	ew of Mento	rship Plan			
		rea in the Me	ntorship Guida	ance Contract.	
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▶ Applicant lists g▶ Applicant provides▶ Mentor provides	goal for each a des feedback o s feedback on (s):	on her/his pro applicant's pr Evaluation	gress on each rogress on each Skills	goal. ch goal.	
▶ Applicant lists g▶ Applicant provides▶ Mentor provides	goal for each a des feedback o s feedback on (s):	on her/his pro applicant's pr Evaluation	gress on each rogress on each Skills	goal. ch goal.	
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Treatment Skills
Individual Goal(s):
Applicantle Comments on Havillia Draggers
Applicant's Comments on Her/His Progress
Mentor's Comments Regarding Applicant's Progress
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Management Skills
Individual Goal(s):
Applicant's Comments on Her/His Progress
Mentor's Comments Regarding Applicant's Progress
Interaction Skills
Individual Goal(s):



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Applicant's Comments on Their Progress
Mentor's Comments Regarding Applicant's Progress
Section 7: Mentor's Recommendations and Verification of Information (To be completed at the end of each 200 mentored hours)
□ Yes I recommend that the Applicant's experience documented on this form be accepted as meeting the requirements for registration.
□ Yes the Applicant has completed this 200 hour mentorship period; however I recommend up to an additional 200 hour mentorship period be completed.
Reason for additional hours:
reason for additional flours.
Reason for additional mentorship may be, but not limited to: intent for sole-charge practice, further practice opportunities to demonstrate competency in a specific area of practice, inter-personal/professional collaboration skill development, etc.
□ No the Applicant has not been successful in their mentorship, and their mentorship contract should be reviewed by the college and/or council to determine an appropriate course of action for registration e.g. new mentorship, different mentor, additional education, etc.
Section 8: Signatures Mentor and Applicant We, the Mentor and the Applicant, verify that we have discussed this report. We verify that we have completed the required evaluations. We further verify that we are not related in any manner.



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Signature Mentor	_Date
Signature of Applicant	_Date
NOTE: This report must be signed/submitted AFTER the form. If it is signed prior to the end date, it will be returned processing of your application for certification.	•