



MENTORSHIP GUIDANCE CONTRACT

SECTION 1: PRACTICE INFORMATION		
APPLICANT		
First Name	Last Name	
Home Telephone	Bus. Telephone	Registration Number
Primary Employment Setting: ___ Health ___ Education ___ Private Practice		
Hours of Employment Per Week: I work _____ hours per week		
MENTOR		
First Name	Last Name	
Home Telephone	Bus. Telephone	Registration Number

SECTION 2: PROPOSED INITIAL MENTORSHIP PERIOD	
Contract Start Date: ___ / ___ / ___ DD MM YY	Contract End Date ___ / ___ / ___ DD MM YY

SECTION 3: TIME ALLOCATION
<p style="text-align: center;"><i>Please note, this section is to ensure Mentor and Mentee discuss their expectations for mentorship. While the mentorship program only requires 10 hours of direct observation, 10 hours of clinical consultation, and 5 file reviews, during the 200 hours period, mentor and mentee are responsible to determine a personalized plan. This may mean additional hours than the minimum, to ensure a successful mentorship.</i></p>
<p>The Applicant will be directly observed for a minimum of _____ hours per week during the mentorship period for a total of _____ hours.</p>

SECTION 4: METHOD OF GUIDANCE
<p>Check all that apply:</p> <p>___ Observation of Applicant with Clients (min. 10 hours)</p> <p>___ Telephone conferences</p> <p>___ Review of video or audio recordings</p> <p>___ Clinical management discussions</p> <p>___ Other (<i>please specify</i>):</p> <p>_____</p> <p>_____</p>
<p>___ File reviews (minimum 5)</p> <p>___ Administrative management discussions</p>

SECTION 5: METHOD OF FEEDBACK	
Check all that apply: <input type="checkbox"/> Face to Face Meetings <input type="checkbox"/> Telephone Conferences <input type="checkbox"/> Written Communication <input type="checkbox"/> Email <input type="checkbox"/> Other (<i>please specify</i>): _____ _____	
SECTION 6: MENTORSHIP PLAN	
<i>Evaluation Skills</i>	
Individual Goals	Approach
<i>Treatment Skills</i>	
Individual Goals	Approach
<i>Management Skills</i>	
Individual Goals	Approach
<i>Interaction Skills</i>	
Individual Goals	Approach
<i>Other Comments</i>	
SECTION 7: APPLICANT'S DECLARATION	
<ol style="list-style-type: none"> 1. I understand that I will be assessed with respect to the practice standards in the Mentorship Skills Inventory and will undertake to acquire the skills, knowledge and behavior to demonstrate my competence to practice. 2. I agree to comply with the regulations, by-laws and policies associated with a certificate of registration. 3. I agree that I shall only practice under the mentorship of the person named in this contract. 4. I agree to obtain the approval of the College for any proposed changes to my Mentorship Guidance Contract prior to the changes occurring. 	

5. I agree to collect evidence of compliance for my mentor's review.

Signature of Applicant

Date

SECTION 8: MENTOR'S DECLARATION

1. I agree that I will review the practice standards with the Applicant and identify the skills, knowledge and behavior necessary.
2. I agree to assess the Applicant to determine if she/he has the required skills, knowledge and behavior to meet the practice standards to become a General Status member.
3. I agree to mentor the above named Applicant in accordance with the College regulations and policies regarding mentorship
4. I agree to notify the College immediately if I am no longer able or willing to continue to fulfill my responsibilities as a Mentor.
5. I agree to review the Applicant's progress and complete evaluation reports through out the mentorship period.
6. I agree to review the Applicant's progress and complete a final assessment report at the end of the mentorship period.
7. I agree to intervene immediately should I become aware of practice that may result in harm to the patient/client.

Signature of the Mentor

Date

SECTION 9: APPLICANT AND MENTOR AGREEMENT

We agree to the following process:

1. To review the skills set out in the Mentorship Skills Inventory and identify areas requiring specific attention.
2. To develop an action plan to ensure that the Applicant gets advice and guidance in the areas of need to acquire the necessary skills, knowledge and behavior for compliance

Signature of the Mentor

Date

Signature of Applicant

Date

--

For Office Use Only	
Approved by:	Date Approved:
Initial MRRF Due Date: <div style="text-align: center;"> ____ / ____ / ____ DD MM YY </div>	Final MRRF Due Date: <div style="text-align: center;"> ____ / ____ / ____ DD MM YY </div>

SAMPLE GOALS – AUDIOLOGY

Please note, the below goals are for example only. You are encouraged to personalize your goals to ensure a successful mentorship.

SECTION 6: MENTORSHIP PLAN	
<i>Evaluation Skills</i>	
Individual Goals	Approach
To further develop my assessment and diagnostic skills e.g. pediatric ABRs.	To complete assessments/evaluations and discuss the assessments/evaluations with my Mentor. Also, to do additional reading about assessment/evaluation skills.
<i>Treatment Skills</i>	
Individual Goals	Approach
To learn more about various treatment methods (e.g., aural rehab, selecting appropriate hearing aids).	Observe Mentor, read Mentor's treatment plans, read about hearing aids and their specific features, read about aural rehab plans.
<i>Management Skills</i>	
Individual Goals	Approach
To effectively manage caseload, see clients in a timely manner and keep and maintain organized and accurate records.	Discuss caseload with Mentor, schedule adequate time for client appointments, complete reports on time and keep reports and other client information up to date and organized.
<i>Interaction Skills</i>	
Individual Goals	Approach
To ensure that clients understand the	Observe Mentor during client

assessment procedure and intervention approach.	interactions and attempt to use language that is appropriate to the age and cognitive abilities of the client.
Other Comments	

SAMPLE GOALS – SPEECH-LANGUAGE PATHOLOGY

Please note, the below goals are for example only. You are encouraged to personalize your goals to ensure a successful mentorship.

SECTION 6: MENTORSHIP PLAN	
<i>Evaluation Skills</i>	
Individual Goals	Approach
To further develop assessment and diagnostic skills for aphasia including collecting appropriate case history information, formal and informal assessment and interpreting results.	Read journal articles on assessment of aphasia, review case studies, attend webinar or workshop on aphasia assessment, discuss aphasia assessments and interpretation of assessment results with Mentor.
<i>Treatment Skills</i>	
Individual Goals	Approach
To become more knowledgeable about voice disorders and improve treatment of clients with muscle tension dysphonia.	Read journal articles and text books on voice disorders and treatment, observe Mentor treating clients with muscle tension dysphonia, work with Mentor to develop appropriate goals, have Mentor observe treatment session(s), self-analyze the session and discuss with Mentor and discuss therapy sessions to determine effectiveness and make changes as necessary.
<i>Management Skills</i>	
Individual Goals	Approach
To be able to effectively manage caseload including scheduling clients,	Discuss caseload management decisions with Mentor.



completing documentation in a timely manner and prioritizing caseload.	
Interaction Skills	
Individual Goals	Approach
To further develop counseling skills with clients who have communication difficulties.	Observe Mentor in counseling sessions, discuss information to be relayed to a client with Mentor, discuss approach to presenting information and self-analyze session and discuss with Mentor.
Other Comments	