



## MENTORSHIP GUIDANCE CONTRACT

<b>SECTION 1: PRACTICE INFORMATION</b>			
<b>APPLICANT</b>			
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			
<b>MENTOR</b>			
First Name		Last Name	
Home Telephone	Bus. Telephone	Registration Number	

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

<b>SECTION 3: TIME ALLOCATION</b>
The Applicant will be mentored a minimum of ___ hours per week during the first 200 hour mentorship period for a total of ___ hours.
The Applicant will be mentored a minimum of ___ hours per week during each additional 200 hour mentorship period for a total of ___ hours.

<b>SECTION 4: METHOD OF GUIDANCE</b>						
Check all that apply:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">___ Observation of Applicant with Clients</td> <td style="width: 50%; border: none;">___ Telephone conferences</td> </tr> <tr> <td style="border: none;">___ Review of video or audio recordings</td> <td style="border: none;">___ Reviewing written reports</td> </tr> <tr> <td style="border: none;">___ Clinical management discussions</td> <td style="border: none;">___ Administrative management discussions</td> </tr> </table>	___ Observation of Applicant with Clients	___ Telephone conferences	___ Review of video or audio recordings	___ Reviewing written reports	___ Clinical management discussions	___ Administrative management discussions
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___ Review of video or audio recordings	___ Reviewing written reports					
___ Clinical management discussions	___ Administrative management discussions					
___ Other ( <i>please specify</i> ): _____ _____ -						

<b>SECTION 5: METHOD OF FEEDBACK</b>				
Check all that apply:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">___ Face to Face Meetings</td> <td style="width: 50%; border: none;">___ Telephone Conferences</td> </tr> <tr> <td style="border: none;">___ Written Communication</td> <td style="border: none;">___ Email</td> </tr> </table>	___ Face to Face Meetings	___ Telephone Conferences	___ Written Communication	___ Email
___ Face to Face Meetings	___ Telephone Conferences			
___ Written Communication	___ Email			

____ Other ( <i>please specify</i> ): <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
<b>SECTION 6: MENTORSHIP PLAN</b>	
<b><i>Evaluation Skills</i></b>	
<b>Individual Goals</b>	<b>Approach</b>
<b><i>Treatment Skills</i></b>	
<b>Individual Goals</b>	<b>Approach</b>
<b><i>Management Skills</i></b>	
<b>Individual Goals</b>	<b>Approach</b>
<b><i>Interaction Skills</i></b>	
<b>Individual Goals</b>	<b>Approach</b>
<b><i>Other Comments</i></b>	
<b>SECTION 7: APPLICANT'S DECLARATION</b>	
<ol style="list-style-type: none"> <li>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.</li> <li>2. I agree to comply with the regulations, by-laws and policies associated with a certificate of registration.</li> <li>3. I agree that I shall only practice under the mentorship of the person named in this contract.</li> <li>4. I agree to obtain the approval of the College for any proposed changes to my Mentorship Guidance Contract prior to the changes occurring.</li> <li>5. I agree to collect evidence of compliance for my mentor's review.</li> </ol>	



Signature of Applicant	Date
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**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.

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Signature of the Mentor	Date
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**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: ____ / ____ / ____ DD MM YY	Final MRRF Due Date: ____ / ____ / ____ DD MM YY

## SAMPLE GOALS – AUDIOLOGY

<b>SECTION 6: MENTORSHIP PLAN</b>	
<b><i>Evaluation Skills</i></b>	
<b>Individual Goals</b>	<b>Approach</b>
To further develop my assessment and diagnostic skills.	To complete assessments/evaluations and discuss the assessments/evaluations with my Mentor. Also, to do additional reading about assessment/evaluation skills.
<b><i>Treatment Skills</i></b>	
<b>Individual Goals</b>	<b>Approach</b>
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.
<b><i>Management Skills</i></b>	
<b>Individual Goals</b>	<b>Approach</b>
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.
<b><i>Interaction Skills</i></b>	
<b>Individual Goals</b>	<b>Approach</b>
To ensure that clients understand the assessment procedure and intervention approach.	Observe Mentor during client interactions and attempt to use language that is appropriate to the age and cognitive abilities of the client.
<b><i>Other Comments</i></b>	

## SAMPLE GOALS – SPEECH-LANGUAGE PATHOLOGY

<b>SECTION 6: MENTORSHIP PLAN</b>	
<b><i>Evaluation Skills</i></b>	
<b>Individual Goals</b>	<b>Approach</b>
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.
<b><i>Treatment Skills</i></b>	
<b>Individual Goals</b>	<b>Approach</b>
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.
<b><i>Management Skills</i></b>	
<b>Individual Goals</b>	<b>Approach</b>
To be able to effectively manage caseload including scheduling clients, completing documentation in a timely manner and prioritizing caseload.	Discuss caseload management decisions with Mentor.
<b><i>Interaction Skills</i></b>	
<b>Individual Goals</b>	<b>Approach</b>
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.



College of Audiologists and Speech-Language Pathologists –  
Newfoundland and Labrador  
Email: [info@caslpnl.ca](mailto:info@caslpnl.ca) Website: [www.caslpnl.ca](http://www.caslpnl.ca)

<b><i>Other Comments</i></b>