



**MENTORSHIP GUIDANCE CONTRACT**

SUBMIT TO: [SECRETARY@CASLPNL.CA](mailto:SECRETARY@CASLPNL.CA)

**SECTION 1: PRACTICE INFORMATION**

**APPLICANT**

First Name

Last Name

Telephone

Email

Registration Number

Primary Employment Setting:

Health

Education

Private Practice

Profession:

Speech-Language Pathology

Audiology

Hours of Employment Per Week:

I work \_\_\_\_\_ hours per week



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<b>MENTOR</b>		
First Name	Last Name	
Telephone	Email	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>  <i>Please note, this section is to ensure the Mentor and Applicant 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, the Mentor and Applicant are responsible to determine a personalized plan. This may mean additional hours than the minimum, to ensure a successful mentorship.</i>
The Applicant will be directly observed for a minimum of _____ hours per week during the mentorship period for a total of _____ hours.



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**SECTION 4: METHOD OF GUIDANCE**

Check all that apply:

- Observation of Applicant with Clients (min. 10 hours)
- Telephone conferences
- Review of video or audio recordings       File reviews (minimum 5)
- Clinical management discussions       Administrative management discussions
- Other (*please specify*):

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**SECTION 5: METHOD OF FEEDBACK**

Check all that apply:

- Face to Face Meetings       Telephone Conferences
- Written Communication       Email
- Other (*please specify*):

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**SECTION 6: MENTORSHIP PLAN**

***Evaluation Skills***

<b>Individual Goals</b>	<b>Approach</b>



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<i><b>Treatment Skills</b></i>	
<b>Individual Goals</b>	<b>Approach</b>
<i><b>Management Skills</b></i>	
<b>Individual Goals</b>	<b>Approach</b>
<i><b>Interaction Skills</b></i>	
<b>Individual Goals</b>	<b>Approach</b>





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***Other Comments***

**SECTION 7: APPLICANT'S DECLARATION**

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 throughout 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.





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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.

<b>SECTION 6: MENTORSHIP PLAN</b>	
<i><b>Evaluation Skills</b></i>	
<b>Individual Goals</b>	<b>Approach</b>
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.
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><b>Treatment Skills</b></i>	
<b>Individual Goals</b>	<b>Approach</b>



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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>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**

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

<b>SECTION 6: MENTORSHIP PLAN</b>	
<b><i>Evaluation Skills</i></b>	
<b>Individual Goals</b>	<b>Approach</b>



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<p>To further develop assessment and diagnostic skills for aphasia including collecting appropriate case history information, formal and informal assessment and interpreting results.</p>	<p>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.</p>
<p><b><i>Treatment Skills</i></b></p>	
<p><b>Individual Goals</b></p>	<p><b>Approach</b></p>
<p>To become more knowledgeable about voice disorders and improve treatment of clients with muscle tension dysphonia.</p>	<p>Read journal articles and textbooks 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.</p>
<p><b><i>Management Skills</i></b></p>	
<p><b>Individual Goals</b></p>	<p><b>Approach</b></p>
<p>To be able to effectively manage caseload including scheduling clients, completing documentation in a timely manner and prioritizing caseload.</p>	<p>Discuss caseload management decisions with Mentor.</p>
<p><b><i>Interaction Skills</i></b></p>	
<p><b>Individual Goals</b></p>	<p><b>Approach</b></p>
<p>To further develop counseling skills with clients who have communication difficulties.</p>	<p>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.</p>
<p><b><i>Other Comments</i></b></p>	



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