



MENTORSHIP GUIDANCE CONTRACT

SUBMIT TO: 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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MENTOR		
First Name	Last Name	
Telephone	Email	Registration Number

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

SECTION 3: TIME ALLOCATION

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 for determining a personalized plan. This may mean additional hours than the minimum, to ensure a successful mentorship.



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SECTION 3: OBSERVATION
The Applicant will be directly observed for a minimum of _____ hours per week during the mentorship period for a total of _____ hours.

SECTION 4: METHOD OF GUIDANCE

Check all that apply: <input type="checkbox"/> Observation of Applicant with Clients (min. 10 hours) <input type="checkbox"/> Telephone conferences <input type="checkbox"/> Review of video or audio recordings <input type="checkbox"/> File reviews (minimum 5) <input type="checkbox"/> Clinical management discussions <input type="checkbox"/> Administrative management discussions <input type="checkbox"/> Other (<i>please specify</i>):

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>):
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SECTION 6: MENTORSHIP PLAN

<i>Evaluation Skills</i>	
Individual Goals	Approach



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





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Other Comments

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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.



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_____	_____
Signature of Applicant	Date

SECTION 8: MENTOR'S DECLARATION	
<ol style="list-style-type: none">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 mentorship4. 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.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:
<ol style="list-style-type: none">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



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_____	_____
Signature of the Mentor	Date
_____	_____
Signature of Applicant	Date

For Office Use Only	
Approved by:	Date Approved:
Initial MRRF Due Date:	Final MRRF Due Date:
____ / ____ / ____ DD MM YY	____ / ____ / ____ DD MM YY

SAMPLE GOALS – AUDIOLOGY

Please Note: The goals below 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.
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>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>Interaction Skills</i>	
Individual Goals	Approach
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.

SAMPLE GOALS – SPEECH-LANGUAGE PATHOLOGY

Please Note: The goals below 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 casehistory information, formal and informal assessment and interpreting results.	Read journal articles on assessment of aphasia, review case studies, attend webinars or workshops 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 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.



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<i>Management Skills</i>	
Individual Goals	Approach
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.
<i>Interaction Skills</i>	
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, self-analyze sessions to discuss with Mentor.