



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>The Applicant will be mentored a minimum of ___ hours per week during the first 200 hour mentorship period for a total of ___ hours.</p> <p>The Applicant will be mentored a minimum of ___ hours per week during each additional 200 hour mentorship period for a total of ___ hours.</p>

SECTION 4: METHOD OF GUIDANCE								
<p>Check all that apply:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Observation of Applicant with Clients</td> <td style="width: 50%;"><input type="checkbox"/> Telephone conferences</td> </tr> <tr> <td><input type="checkbox"/> Review of video or audio recordings</td> <td><input type="checkbox"/> Reviewing written reports</td> </tr> <tr> <td><input type="checkbox"/> Clinical management discussions</td> <td><input type="checkbox"/> Administrative management discussions</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (<i>please specify</i>): _____</td> </tr> </table>	<input type="checkbox"/> Observation of Applicant with Clients	<input type="checkbox"/> Telephone conferences	<input type="checkbox"/> Review of video or audio recordings	<input type="checkbox"/> Reviewing written reports	<input type="checkbox"/> Clinical management discussions	<input type="checkbox"/> Administrative management discussions	<input type="checkbox"/> Other (<i>please specify</i>): _____	
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<input type="checkbox"/> Review of video or audio recordings	<input type="checkbox"/> Reviewing written reports							
<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						
<p>Check all that apply:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Face to Face Meetings</td> <td style="width: 50%;"><input type="checkbox"/> Telephone Conferences</td> </tr> <tr> <td><input type="checkbox"/> Written Communication</td> <td><input type="checkbox"/> Email</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (<i>please specify</i>): _____</td> </tr> </table>	<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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<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:

Final MRRF Due Date:

____ / ____ / ____
DD MM YY

____ / ____ / ____
DD MM YY

SAMPLE GOALS – AUDIOLOGY

SECTION 6: MENTORSHIP PLAN	
<i>Evaluation Skills</i>	
Individual Goals	Approach
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.
<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 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.
<i>Other Comments</i>	

SAMPLE GOALS – SPEECH-LANGUAGE PATHOLOGY

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, 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 and self-analyze session and discuss with Mentor.
<i>Other Comments</i>	