



EMAIL TO: [VICECHAIR@CASLPNL.CA](mailto:VICECHAIR@CASLPNL.CA)

**SUPERVISED PRACTICE CONTRACT**

FOR RE-ENTRY TO PRACTICE

**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

**SUPERVISOR**

First Name

Last Name

Home Telephone

Bus. Telephone

Registration Number

**SECTION 2: PROPOSED INITIAL SUPERVISED PRACTICE PERIOD**

<p>Contract Start Date:</p> <p style="text-align: center;">____ / ____ / ____</p> <p style="text-align: center;">DD    MM    YY</p>	<p>Contract End Date</p> <p style="text-align: center;">____ / ____ / ____</p> <p style="text-align: center;">DD    MM    YY</p>
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**SECTION 3: TIME ALLOCATION**

The Applicant will be directly observed for a minimum of \_\_\_\_\_ hours per week during the first 200 hour supervised practice period for a total of \_\_\_\_\_ hours.

**SECTION 4: METHOD OF GUIDANCE**

Check all that apply:

<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> ):	

**SECTION 5: METHOD OF FEEDBACK**

**FORM 5-140**

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: SUPERVISED PRACTICE PLAN**

***Evaluation Skills***

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

***Treatment Skills***

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

***Management Skills***

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

***Interaction Skills***

Individual Goals	Approach
<b>Other Comments</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 Supervised Practice 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 supervision 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 Supervised Practice Contract prior to the changes occurring.</li> <li>5. I agree to collect evidence of compliance for my Supervisor's review.</li> </ol>	
<hr style="width: 100%;"/> <p>Signature of Applicant</p>	<hr style="width: 100%;"/> <p>Date</p>

<b>SECTION 8: SUPERVISOR'S DECLARATION</b>
<ol style="list-style-type: none"> <li>1. I agree that I will review the practice standards with the Applicant and identify the skills, knowledge and behavior necessary.</li> <li>2. I agree to assess the Applicant to determine if they have the required skills, knowledge and behavior to meet the practice standards to become a General Status member.</li> <li>3. I agree to supervise the above-named applicant in accordance with the College regulations and policies regarding</li> </ol>



____ / ____ / ____ DD    MM    YY	____ / ____ / ____ DD    MM    YY
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**SAMPLE GOALS – AUDIOLOGY**

<b>SECTION 6: MENTORSHIP PLAN</b>	
<i><b>Evaluation Skills</b></i>	
<b>Individual Goals</b>	<b>Approach</b>
To refresh and continue the development of my assessment and diagnostic skills.	To complete assessments/evaluations and discuss the assessments/evaluations with my Supervisor; To do additional reading about assessment/evaluation skills.
<i><b>Treatment Skills</b></i>	
<b>Individual Goals</b>	<b>Approach</b>
To achieve current practice hours in a variety of treatment methods (e.g., aural rehab, selecting appropriate hearing aids).	Observe Supervisor, read Supervisor's treatment plans, read latest articles/specifications pertaining to hearing aids and their specific features, read about aural rehab plans.
<i><b>Management Skills</b></i>	
<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 Supervisor, schedule adequate time for client appointments, complete reports on time, and keep reports and other client information up to date and organized.
<i><b>Interaction Skills</b></i>	
<b>Individual Goals</b>	<b>Approach</b>

<p>To obtain specific practice in FM system fitting and maintenance.</p>	<p>Observe Supervisor or area expert during client interactions; Interact with product sales and support staff; share focused research in area with Supervisor for discussion.</p>
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**SAMPLE GOALS – SPEECH-LANGUAGE PATHOLOGY**

SECTION 6: MENTORSHIP PLAN	
<i>Evaluation Skills</i>	
Individual Goals	Approach
<p>To refresh and continue the development of my 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 Supervisor.</p>
<i>Treatment Skills</i>	
Individual Goals	Approach
<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 Supervisor or colleague treating clients with muscle tensions dysphonia, work with Supervisor to develop appropriate goals, have Supervisor observe treatment session(s), self-analyze the session and discuss with Supervisor and discuss therapy sessions to determine effectiveness and make changes as necessary.</p>
<i>Management Skills</i>	
Individual Goals	Approach
<p>To be able to effectively manage caseload, including scheduling clients, completing</p>	<p>Discuss caseload management decisions with Supervisor.</p>

**FORM 5-140**

documentation in a timely manner, and prioritizing caseload.	
<i><b>Interaction Skills</b></i>	
<b>Individual Goals</b>	<b>Approach</b>
To refresh and develop counseling skills with pediatric clients and their families.	Observe Supervisor in counseling sessions, discuss information to be relayed to a client with Supervisor, discuss approach to presenting information, and/or debrief session with Supervisor.