



College of Audiologists and
Speech-Language Pathologists of Ontario
Ordre des Audiologistes et
des Orthophonistes de l'Ontario

INITIAL PRACTICE PERIOD FORMS

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MENTORSHIP GUIDANCE CONTRACT

SECTION 1 PRACTICE INFORMATION			
INITIAL PRACTICE REGISTRANT (IPR)			
Please DO NOT submit a mentorship guidance contract to the College BEFORE a certificate of registration has been issued to you.			
First Name		Last Name	
Bus. Telephone		CASLPO Reg. No.	
BUSINESS ADDRESS			
Organization:			
Department:			
Street:			
City/Province:		Postal Code:	
Country		Phone:	
MENTOR			
Mentors must be in good standing with the College and hold a General certificate of registration in the profession (audiology or speech-language pathology) in which the mentorship is being provided, with a minimum of four years of professional experience.			
Mentoring responsibilities may be shared between co-mentors.			
MENTOR 1			
First Name		Last Name	
Business Telephone		CASLPO Reg. No.	
MENTOR 2 (IF APPLICABLE)			
First Name		Last Name	
Business Telephone		CASLPO Reg. No.	

SECTION 2 PROPOSED INITIAL PRACTICE PERIOD (Copy this section as require, if multiple mentors)

Contract Start Date: ____/____/____ DD MM YY	Contract End Date: ____/____/____ DD MM YY	Duration of Contract must be 24 weeks <i>If an extension is required please contact mentorship@caslpo.com at least 4 weeks before the end of your contract.</i>
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SECTION 3 TIME ALLOCATION

Although it is preferable that two hours per week are spent in guided practice, it is also possible to accumulate the hours over one full day per month. Please indicate if guidance will be provided weekly or monthly.

Guidance will be provided:

Weekly **OR** Monthly

The IPR will be mentored _____ hours per week/month

HOURS OF EMPLOYMENT

Please indicate the number of hours **per week** that the IPR works at this employment site:

The IPR works _____ hours per week

SECTION 4 METHOD OF GUIDANCE

Observation of the IPR interacting clinically with patients/clients either directly or via video is mandatory and must include discussion regarding the direct interaction.

Guidance is to be provided by: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Observation of Initial practice registrant with clients | <input type="checkbox"/> Reviewing written reports |
| <input type="checkbox"/> Video conferencing | <input type="checkbox"/> Leading administrative management discussions |
| <input type="checkbox"/> Reviewing video or audiotapes of clinical sessions | <input type="checkbox"/> Guiding telephone conferences |
| <input type="checkbox"/> Directing clinical management discussions | |

A minimum of 48 hours of guidance must be provided by mentors.

SECTION 5 METHOD OF FEEDBACK (Check all that apply)

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Face to Face Meetings | <input type="checkbox"/> Telephone or Video Conferences | <input type="checkbox"/> Email |
| <input type="checkbox"/> Written Communication | <input type="checkbox"/> Other (please specify): _____ | |

SECTION 6 GUIDANCE PLAN

Professional Practice Standard 1 – Management Practices

Audiologists and Speech-Language Pathologists manage their practice in an accountable manner

- 1.1 The Initial Practice Registrant (IPR) has the criteria to begin and end intervention
- 1.2 The IPR maintains records, which accurately reflect the services provided.
- 1.3 The IPR performs controlled acts according to preferred practice guidelines and position statements
- 1.4 The IPR is accountable for unregulated personnel providing intervention under his/her direction
- 1.5 The IPR ensures that all materials and equipment used in his/her practice is in proper working order and calibrated as required
- 1.6 The IPR follows health and safety procedures and practices.

Professional Practice Standard 2 - Clinical Practice

Audiologists and Speech-Language Pathologists possess, continually acquire and use the knowledge and skills necessary to provide high quality clinical services within their scope of practice.

- 2.1 The IPR practices within the limits of his/her individual competence as determined by education, training and professional experience..
- 2.2 The IPR continually acquires knowledge and skills necessary to provide quality service
- 2.3 The IPR uses intervention procedures based on current knowledge in the field of audiology and/or speech-language pathology incorporating evidence-based research and advances in technology.
- 2.4 The IPR uses intervention procedures that are appropriate to the abilities of the patient/client.
- 2.5 The IPR uses intervention procedures that are appropriate to the cultural/linguistic background of the patient/client/Substitute Decision Maker (SDM).
- 2.6 The IPR monitors, evaluates and modifies his/her intervention procedures based on patient/client outcome.
- 2.7 The IPR seeks feedback from others in my profession regarding my clinical practice.

Professional Practice Standard 3 - Patient/Client Centred Practice

Audiologists and Speech-Language Pathologists ensure that his/her patients/clients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient/client's interest should be primary.

- 3.1 The IPR obtains and documents consent for all intervention plans, courses of action and any significant changes thereafter.
- 3.2 The IPR Obtains and documents consent to collect, use, retain disclosure and discard personal health information
- 3.3 The IPR consults with a patient/client and/or SDM when establishing an intervention plans and/or courses of action.
- 3.4 The IPR sets intervention goals that describe realistic outcomes for the patient/client
- 3.5 The IPR respects each patient/client's and/or SDM's decision to decline intervention
- 3.6 The IPR maintains patient/client confidentiality at all times

Professional Practice Standard 4 – Communication

Audiologists and Speech-Language Pathologists communicate effectively and with sensitivity to the needs of his/her patients/clients.

- 4.1 The IPR uses language that is appropriate to the age and cognitive abilities of the patient/client to facilitate comprehension and participation.
- 4.2 The IPR communicates in a manner that is appropriate to the cultural and linguistic background of the patient/client.
- 4.3 The IPR communicates constructively, effectively and collaboratively with his/her peers/team/co-workers, including members of other professions.
- 4.4 The IPR accurately communicates his/her professional credentials to his/her patients/clients and others

SECTION 6 GUIDANCE PLAN

Professional Practice Standard 5 - Professional Accountability

Audiologists and Speech-Language Pathologists are accountable and comply with legislation.

5.1 The IPR is aware of all of CASLPO documents and has reviewed those that apply to his/her practice in detail.

SECTION 7 LEARNING GOALS *(Copy this section as required)*

Professional Practice Standard	Refer to learning activity	Define the information to be learned	State the purpose	Related to practice
Management Practice				
Clinical Practice				
Patient/Client Centred Practice				
Communication				
Professional Accountability				

SECTION 8 CONFLICT RESOLUTION

- My mentor and I have discussed conflict resolution.
- My mentor and I have developed a plan to resolve conflicts that includes the following steps:
- The issue is identified and defined;
 - Possible solutions are generated;
 - Best solution is implemented; and
 - Follow-up with an evaluation of solution.
- My mentor and I have designated a third party in the organization to assist if conflict between me and my mentor cannot be resolved.

Name of third party designated to assist in conflict resolution: _____

SECTION 9 INITIAL PRACTICE REGISTRANT'S DECLARATION

1. I understand that I will be assessed with respect to my compliance with the practice standards set out in the section 6 of the Mentorship Guidance Contract and will undertake to acquire the skills, knowledge, and behaviour to demonstrate my competence to practice.
2. I agree to comply with the regulations and policies associated with an Initial class 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 change occurring.
5. I agree to complete a Self-Evaluation Form midway through the Initial Practice Period and review the results with my mentor.
6. I agree to collect evidence of compliance for my mentor's review.

Signature of IPR

Date

SECTION 10 MENTOR'S DECLARATION

1. I agree that I will review the practice standards with the Initial Practice Registrant and identify the skills, knowledge, and behaviour necessary to meet compliance with the practice standards.
2. I agree to assess the Initial Practice Registrant to determine if they have the required skill, knowledge, and behaviour to meet the practice standards and become a General member.
3. I agree to mentor the above named Initial Practice Registrant 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 and to provide a complete report as required by the College regarding the IPR's progress to date.
5. I agree to review the Initial Practice Registrant's progress and complete an interim evaluation report midway through the Initial Practice Period.
6. I agree to review the Initial Practice Registrant's progress and complete a final evaluation report at the end of the Initial Practice Period.

Signature of the Mentor

Date

Signature of the Mentor (if applicable)

Date

Signature of the Mentor (if applicable)

Date

SECTION 11 INITIAL PRACTICE REGISTRANT AND MENTOR AGREEMENT

We agree to the following process:

1. To review the practice standards set out in the section 6 of the Mentorship Guidance Contract and identify areas requiring specific attention.
2. To develop an action plan to ensure that the Initial Practice Registrant gets advice and guidance in the areas of need to acquire the necessary skills, knowledge and behaviours for compliance.

Signature of IPR

Date

Signature of the Mentor

Date

Signature of the Mentor (if applicable)

Date

Signature of the Mentor (if applicable)

Date



1st SELF ASSESSMENT: IPR's INTERIM EVALUATION

This form is to be completed by the Initial Practice Registrant and reviewed between the IPR and mentor(s). **Please do not submit this form to the College unless requested.**

Initial Practice Registrant Name:	Reg. No.
Mentor Name:	Reg. No.
Mentor Name:	Reg. No.

RATING SCALE

2	1	NA
MEETS THE STANDARD	NEEDS WORK TO MEET THE STANDARD	NON APPLICABLE

Professional Practice Standard 1 – Management Practices Audiologists and Speech-Language Pathologists manage their practice in an accountable manner	RATING
1.1 I have the criteria to begin and end intervention.	
1.2 I maintain records, which accurately reflect the services provided.	
1.3 I perform controlled acts according to preferred practice guidelines and position statements.	
1.4 I am accountable for unregulated personnel providing intervention under my direction.	
1.5 I ensure that all materials and equipment used in my practice is in proper working order and calibrated as required.	
1.6 I follow health and safety procedures and practices.	
IPR'S Comments regarding progress on goals for Management Practice	

Professional Practice Standard 2 - Clinical Practice Audiologists and Speech-Language Pathologists possess, continually acquire and use the knowledge and skills necessary to provide high quality clinical services within their scope of practice.	RATING
2.1 I practise within the limits of my individual competence as determined by education, training and professional experience..	
2.2 I continually acquire knowledge and skills necessary to provide quality service	

2.3	I use intervention procedures based on current knowledge in the field of audiology and/or speech-language pathology incorporating evidence-based research and advances in technology.	
2.4	I use intervention procedures that are appropriate to the abilities of the patient/client.	
2.5	I use intervention procedures that are appropriate to the cultural/linguistic background of the patient/client/Substitute Decision Maker (SDM).	
2.6	I monitor, evaluate and modify my intervention procedures based on patient/client outcome.	
2.7	I seek feedback from others in my profession regarding my clinical practice.	
IPR'S Comments regarding progress on goals for Clinical Practice		

Professional Practice Standard 3 - Patient/Client Centred Practice Audiologists and Speech-Language Pathologists ensure that his/her patients/clients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient/client's interest should be primary.		RATING
3.1	I obtain and documents consent for all intervention plans, courses of action and any significant changes thereafter.	
3.2	I obtain and document consent to collect, use, retain disclose and discard personal health information	
3.3	I consult with the patient/client and/or SDM when establishing an intervention plans and/or courses of action.	
3.4	I set intervention goals that describe realistic outcomes for the patient/client	
3.5	I respect each patient/client's and/or SDM's decision to decline intervention	
3.6	I maintain patient/client confidentiality at all times	
IPR'S Comments regarding progress on goals for Patient/Client Centred Practice		

Professional Practice Standard 4 - Communication Audiologists and Speech-Language Pathologists communicate effectively and with sensitivity to the needs of his/her patients/clients.		RATING
4.1	I use language that is appropriate to the age and cognitive abilities of the patient/client to facilitate comprehension and participation.	
4.2	I communicate in a manner that is appropriate to the cultural and linguistic background of the patient/client.	

4.3	I communicate constructively, effectively and collaboratively with my peers/team/co-workers, including members of other professions.	
4.4	I accurately communicate my professional credentials to my patients/clients and others	
IPR'S Comments regarding progress on goals for Communication		

Professional Practice Standard 5 - Professional Accountability Audiologists and Speech-Language Pathologists are accountable and comply with legislation.		RATING
5.1	I am aware of all of CASLPO documents and have reviewed in detail those that apply to my practice.	
IPR'S Comments regarding progress on goals for Professional Accountability		

Signature of IPR

Date

Signature of the Mentor

Date

Signature of the Mentor (if applicable)

Date

Signature of the Mentor (if applicable)

Date

LEARNING ACTIVITIES LOG (Copy this form as required)

Goal #	Standard Indicator # if applicable	Practice Standard	Learning Goal (Must meet Criteria in Guide)	Learning Activity Summary (Complete Detailed Log)	# of hours	Progress	Impact
		Management Practices					
		Clinical Practices					
		Patient/Client Centred Practices					
		Communication					
		Professional Accountability					
				Totals			

LEARNING GOALS MUST:

- Define information to be learned and incorporate purpose of learning
- Include Sufficient Detail
- Relate to Practice
- Refer to a learning activity

LEARNING ACTIVITIES:

- Courses Taken or Given
- Self Study
- Clinical Guidance Activities
- Contributions to the Profession
- Practice Management

PROGRESS:

- No progress
- Moderate progress
- Great progress

IMPACT:

- No impact
- Little impact
- Significant impact

LEARNING ACTIVITIES LOG *(Copy this form as required)*

DATE	MATERIALS STUDIED OR COURSES TAKEN (Include title of course and presenter or title, author and/or journal reference of reading material)	GOAL #	# OF HOURS



MENTOR'S INTERIM EVALUATION

Initial Practice Registrant Name:	Reg. No.
Mentor Name:	Reg. No.
Mentor Name:	Reg. No.

RATING SCALE

2	1	NA
MEETS THE STANDARD	NEEDS WORK TO MEET THE STANDARD	NON APPLICABLE

Professional Practice Standard 1 – Management Practices Audiologists and Speech-Language Pathologists manage their practice in an accountable manner	RATING
1.1 The Initial Practice Registrant (IPR) has the criteria to begin and end intervention.	
1.2 The IPR maintains records, which accurately reflect the services provided.	
1.3 The IPR performs controlled acts according to preferred practice guidelines and position statements.	
1.4 The IPR is accountable for unregulated personnel providing intervention under his/her direction.	
1.5 The IPR ensures that all materials and equipment used in his/her practice is in proper working order and calibrated as required.	
1.6 The IPR follows health and safety procedures and practices.	
Mentor's Comments regarding IPR's progress on goals for Management Practice	

Professional Practice Standard 2 - Clinical Practice Audiologists and Speech-Language Pathologists possess, continually acquire and use the knowledge and skills necessary to provide high quality clinical services within their scope of practice.	RATING
2.8 The IPR practices within the limits of his/her individual competence as determined by education, training and professional experience..	
2.9 The IPR continually acquires knowledge and skills necessary to provide quality service	
2.10 The IPR uses intervention procedures based on current knowledge in the field of audiology and/or speech-language pathology incorporating evidence-based research and advances in technology.	
2.4 The IPR uses intervention procedures that are appropriate to the abilities of the patient/client.	

2.5	The IPR uses intervention procedures that are appropriate to the cultural/linguistic background of the patient/client/Substitute Decision Maker (SDM).	
2.6	The IPR monitors, evaluates and modifies his/her intervention procedures based on patient/client outcome.	
2.7	The IPR seeks feedback from others in my profession regarding her/his clinical practice.	
Mentor's Comments regarding IPR's progress on goals for Clinical Practice		

Professional Practice Standard 3 - Patient/Client Centred Practice		RATING
Audiologists and Speech-Language Pathologists ensure that his/her patients/clients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient/client's interest should be primary.		
3.7	The IPR obtains and documents consent for all intervention plans, courses of action and any significant changes thereafter.	
3.8	The IPR Obtains and documents consent to collect, use, retain disclosure and discard personal health information	
3.9	The IPR consults with a patient/client and/or SDM when establishing an intervention plans and/or courses of action.	
3.10	The IPR sets intervention goals that describe realistic outcomes for the patient/client	
3.11	The IPR respects each patient/client's and/or SDM's decision to decline intervention	
3.6	The IPR maintains patient/client confidentiality at all times	
Mentor's Comments regarding IPR's progress on goals for Patient/Client Centred Practice		

Professional Practice Standard 4 - Communication		RATING
Audiologists and Speech-Language Pathologists communicate effectively and with sensitivity to the needs of his/her patients/clients.		
4.5	The IPR uses language that is appropriate to the age and cognitive abilities of the patient/client to facilitate comprehension and participation.	
4.6	The IPR communicates in a manner that is appropriate to the cultural and linguistic background of the patient/client.	
4.7	The IPR communicates constructively, effectively and collaboratively with his/her peers/team/co-workers, including members of other professions.	
4.8	The IPR accurately communicates his/her professional credentials to his/her patients/clients and others	
Mentor's Comments regarding IPR's progress on goals for Communication		

Professional Practice Standard 5 - Professional Accountability Audiologists and Speech-Language Pathologists are accountable and comply with legislation.	RATING
5.1 The IPR is aware of all of CASLPO documents and has reviewed in detail those that apply to her/his practice.	
Mentor's Comments regarding IPR's progress on goals for Professional Accountability	

Please indicate yes or no for the following questions	yes	no
Does the IPR understand the professional practice standards set out in the Interim Evaluation Report?		
Has the guidance schedule been maintained?		
Has the IPR demonstrated any behavior(s) that may interfere with successful completion of the IPP?		

MENTOR'S RECOMMENDATIONS

Mentor's Signature	date
Initial Practice Registrant's Signature	date



2nd SELF ASSESSMENT: IPR'S FINAL EVALUATION

This form is to be completed by the Initial Practice Registrant and reviewed between the IPR and mentor(s). **Please do not submit this form to the College unless requested.**

Initial Practice Registrant Name:	Reg. No.
Mentor Name:	Reg. No.
Mentor Name:	Reg. No.

RATING SCALE

2	1	NA
MEETS THE STANDARD	NEEDS WORK TO MEET THE STANDARD	NON APPLICABLE

Professional Practice Standard 1 – Management Practices Audiologists and Speech-Language Pathologists manage their practice in an accountable manner	RATING
1.1 I have the criteria to begin and end intervention.	
1.2 I maintain records, which accurately reflect the services provided.	
1.3 I perform controlled acts according to preferred practice guidelines and position statements.	
1.4 I am accountable for unregulated personnel providing intervention under my direction.	
1.5 I ensure that all materials and equipment used in my practice is in proper working order and calibrated as required.	
1.6 I follow health and safety procedures and practices.	
IPR'S Comments regarding progress on goals for Management Practice	

Professional Practice Standard 2 - Clinical Practice Audiologists and Speech-Language Pathologists possess, continually acquire and use the knowledge and skills necessary to provide high quality clinical services within their scope of practice.		RATING
2.4	I practise within the limits of my individual competence as determined by education, training and professional experience..	
2.5	I continually acquire knowledge and skills necessary to provide quality service	
2.6	I use intervention procedures based on current knowledge in the field of audiology and/or speech-language pathology incorporating evidence-based research and advances in technology.	
2.4	I use intervention procedures that are appropriate to the abilities of the patient/client.	
2.5	I use intervention procedures that are appropriate to the cultural/linguistic background of the patient/client/Substitute Decision Maker (SDM).	
2.7	I monitor, evaluate and modify my intervention procedures based on patient/client outcome.	
2.7	I seek feedback from others in my profession regarding my clinical practice.	
IPR'S Comments regarding progress on goals for Clinical Practice		

Professional Practice Standard 3 - Patient/Client Centred Practice Audiologists and Speech-Language Pathologists ensure that his/her patients/clients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient/client's interest should be primary.		RATING
3.6	I obtain and documents consent for all intervention plans, courses of action and any significant changes thereafter.	
3.7	I obtain and document consent to collect, use, retain disclose and discard personal health information	
3.8	I consult with the patient/client and/or SDM when establishing an intervention plans and/or courses of action.	
3.9	I set intervention goals that describe realistic outcomes for the patient/client	
3.10	I respect each patient/client's and/or SDM's decision to decline intervention	
3.6	I maintain patient/client confidentiality at all times	
IPR'S Comments regarding progress on goals for Patient/Client Centred Practice		

Professional Practice Standard 4 - Communication Audiologists and Speech-Language Pathologists communicate effectively and with sensitivity to the needs of his/her patients/clients.	RATING
4.9 I use language that is appropriate to the age and cognitive abilities of the patient/client to facilitate comprehension and participation.	
4.10 I communicate in a manner that is appropriate to the cultural and linguistic background of the patient/client.	
4.11 I communicate constructively, effectively and collaboratively with my peers/team/co-workers, including members of other professions.	
4.12 I accurately communicate my professional credentials to my patients/clients and others	
IPR'S Comments regarding progress on goals for Communication	

Professional Practice Standard 5 - Professional Accountability Audiologists and Speech-Language Pathologists are accountable and comply with legislation.	RATING
5.1 I am aware of all of CASLPO documents and have reviewed in detail those that apply to my practice.	
IPR'S Comments regarding progress on goals for Professional Accountability	

Signature of IPR

Date

Signature of the Mentor

Date

Signature of the Mentor (if applicable)

Date

Signature of the Mentor (if applicable)

Date

Please refer back to the goals and learning activity log included in the 1st Self-Assessment Form and add information where appropriate.



MENTOR'S FINAL EVALUATION REPORT

Initial Practice Registrant Name:	Reg. No.
Mentor Name:	Reg. No.
Mentor Name:	Reg. No.

RATING SCALE

2	1	NA
MEETS THE STANDARD	NEEDS WORK TO MEET THE STANDARD	NON APPLICABLE

Professional Practice Standard 1 – Management Practices Audiologists and Speech-Language Pathologists manage their practice in an accountable manner	RATING
1.1 The Initial Practice Registrant (IPR) has the criteria to begin and end intervention.	
1.2 The IPR maintains records, which accurately reflect the services provided.	
1.3 The IPR performs controlled acts according to preferred practice guidelines and position statements.	
1.4 The IPR is accountable for unregulated personnel providing intervention under his/her direction.	
1.5 The IPR ensures that all materials and equipment used in his/her practice is in proper working order and calibrated as required.	
1.6 The IPR follows health and safety procedures and practices.	
The IPR meets the professional practice standards for Management Practices.	

Professional Practice Standard 2 - Clinical Practice Audiologists and Speech-Language Pathologists possess, continually acquire and use the knowledge and skills necessary to provide high quality clinical services within their scope of practice.	RATING
2.11 The IPR practices within the limits of his/her individual competence as determined by education, training and professional experience..	
2.12 The IPR continually acquires knowledge and skills necessary to provide quality service	
2.13 The IPR uses intervention procedures based on current knowledge in the field of audiology and/or speech-language pathology incorporating evidence-based research and advances in technology.	
2.4 The IPR uses intervention procedures that are appropriate to the abilities of the patient/client.	
2.5 The IPR uses intervention procedures that are appropriate to the cultural/linguistic background of the patient/client/Substitute Decision Maker (SDM).	

2.7	The IPR monitors, evaluates and modifies his/her intervention procedures based on patient/client outcome.	
2.7	The IPR seeks feedback from others in my profession regarding my clinical practice.	
The IPR meets the professional practice standards for Clinical Practice.		

Professional Practice Standard 3 - Patient/Client Centred Practice Audiologists and Speech-Language Pathologists ensure that his/her patients/clients are treated with respect and are provided with sufficient information and opportunities to make informed decisions regarding intervention. In making clinical decisions, the patient/client's interest should be primary.		RATING
3.12	The IPR obtains and documents consent for all intervention plans, courses of action and any significant changes thereafter.	
3.13	The IPR Obtains and documents consent to collect, use, retain disclosure and discard personal health information	
3.14	The IPR consults with a patient/client and/or SDM when establishing an intervention plans and/or courses of action.	
3.15	The IPR sets intervention goals that describe realistic outcomes for the patient/client	
3.16	The IPR respects each patient/client's and/or SDM's decision to decline intervention	
3.6	The IPR maintains patient/client confidentiality at all times	
The IPR meets the professional practice standards for Patient/Client Practice.		

Professional Practice Standard 4 - Communication Audiologists and Speech-Language Pathologists communicate effectively and with sensitivity to the needs of his/her patients/clients.		RATING
4.13	The IPR uses language that is appropriate to the age and cognitive abilities of the patient/client to facilitate comprehension and participation.	
4.14	The IPR communicates in a manner that is appropriate to the cultural and linguistic background of the patient/client.	
4.15	The IPR communicates constructively, effectively and collaboratively with his/her peers/team/co-workers, including members of other professions.	
4.16	The IPR accurately communicates his/her professional credentials to his/her patients/clients and others	
The IPR meets the professional practice standards for Communication.		

Professional Practice Standard 5 - Professional Accountability Audiologists and Speech-Language Pathologists are accountable and comply with legislation.		RATING
5.1	The IPR is aware of all of CASLPO documents and have reviewed in detail those that apply to my practice.	
The IPR meets the professional practice standards for Professional Accountability (see below for the complete list of documents)		

Documents	Applies to Audiology	Applies to Speech Language Pathology	Check documents that the IPR has reviewed in detail
LEGISLATION			
Audiology and Speech-Language Pathology Act, (1991)	✓	✓	
Regulated Health Professions Act (1991)	✓	✓	
Health Care Consent Act (1996)	✓	✓	
Personal Health Information Protection Act (2004)	✓	✓	
REGULATIONS			
Registration Regulation 21/12 2012	✓	✓	
Quality Assurance Program Regulation 373/12 2012	✓	✓	
Professional Misconduct Regulation 749/93 1993	✓	✓	
Proposed Regulation for Advertising	✓	✓	
Proposed Regulation for Conflict of Interest	✓	✓	
Proposed Regulation for Records	✓	✓	
BY-LAWS			
BY-LAW NO. 2011-5 Relating generally to Certificates of Authorization for Professional Corporations	✓	✓	
BY-LAW NO. 2011-7 Relating generally to Professional Liability Insurance	✓	✓	
BY-LAW NO. 2011-8 providing for a Code of Ethics for the Members of the College	✓	✓	
POLICIES			

Documents	Applies to Audiology	Applies to Speech Language Pathology	Check documents that the IPR has reviewed in detail
Sexual Abuse Prevention Program 2013	✓	✓	
PROFESSIONAL STANDARDS			
Preferred Practice Guideline for The Prescription of Hearing Aids to Adults, 2001	✓		
Preferred Practice Guideline for the Prescription of Hearing Aids to Children 2002	✓		
Preferred Practice Guideline for Cerumen Management, 2005	✓		
Preferred Practice Guideline for Ear Impressions, 2005	✓		
Practice Standards and Guidelines for Hearing Assessment of Adults. 2008	✓		
Practice Standards and Guidelines for Hearing Assessment for Children. 2008	✓		
Preferred Practice Guideline for Cognitive-Communication Disorders 2002		✓	
Practice Standards and Guidelines for Dysphagia 2007		✓	
Practice Standards and Guidelines for Developmental 2013		✓	
Practice Standards and Guidelines for the Assessment of Children. 2008		✓	
Practice Standards and Guidelines for the Assessment of Adults. 2012		✓	
National Infection Prevention and Control Guidelines (2010)	✓	✓	
POSITION STATEMENTS			
Acceptance of Delegation of a Controlled Act	✓	✓	
Alternative Approaches to Intervention	✓	✓	
Changing Hearing Aid Prescription	✓		

Documents	Applies to Audiology	Applies to Speech Language Pathology	Check documents that the IPR has reviewed in detail
Concurrent Intervention	✓	✓	
Delegation of the Controlled Act of Prescribing a Hearing Aid for a Hearing Impaired Person	✓		
Consent to Provide Screening and Assessment Services	✓	✓	
Resolving Disagreements Between Service Providers	✓	✓	
Use of Supportive Personnel by Audiologists	✓		
Use of Supportive Personnel for Speech Language Pathologists		✓	
Professional Relations and Boundaries	✓	✓	
Supervision of Students	✓	✓	
Service Delivery to Culturally Diverse Populations	✓	✓	
Telepractice	✓	✓	
Use of Surveillance Material in Assessments	✓	✓	
Use of the title "Doctor"	✓	✓	
Equipment Servicing Requirements by Audiologists	✓		
Disclosure of Test Materials & Data	✓	✓	
RESOURCE GUIDES			
Obtaining Consent for Services	✓	✓	
School Board Guide for SLPs (2010)		✓	
Canadian Guidelines on Auditory Processing Disorder (2012)	✓	✓	

NUMBER OF MENTORED HOURS COMPLETED	
Hours of direct guidance:	Hours of indirect Guidance:
Total mentored hours:	

MENTOR'S COMMENTS AND RECOMMENDATIONS	
The Initial Practice Registrant meets CASLPO's Professional Practice Standards and I recommend her/him for a General Certificate of registration: Yes <input type="checkbox"/> No <input type="checkbox"/>	

INITIAL PRACTICE REGISTRANT'S PATIENT CARE HOURS	
<input type="checkbox"/>	The IPR has provided a minimum of 500 hours of patient care in audiology or speech-language pathology during the initial practice period.
<input type="checkbox"/>	The IPR does not meet the above (500 hour) requirement. Explain:

INITIAL PRACTICE REGISTRANT'S COMMENTS	

Mentor's Signature	date
Initial Practice Registrant's Signature	date



CHECKLIST FOR CHART REVIEW

	<i>RECORD REFERENCE #</i>				
The patient/client record must include the following (From Section 6(1) of the Proposed Records Regulation, 2011):					
The patient's/client's name, address, telephone number and date of birth;					
The date and purpose of each professional contact with the patient/client and whether the contact was made in person, by telephone or electronically					
The name and address of any person who referred the patient/client to the member, if available					
The patient's/client's health history, including any educational, developmental or other relevant issues concerning the patient/client.					
The nature and, if known, the result of, each assessment relating to the patient, each clinical finding relating to the patient, any recommendation made by the member to the patient, each treatment performed, and any advice given to the patient, including any pre-treatment or post-treatment advice, and the identity of the person who gave the advice if that person was not the member					
The identity of the person who provided any service to the patient/client, if that person was not the member					
Every referral of the patient/client by the member to any other person					
Every written report received by the member relating to an assessment, test, consultation or treatment performed by any other person concerning the patient/client					
Every controlled act, within the meaning of subsection 27 (2) of the Regulated Health Professions Act, 1991, performed by the member on the patient/client					
If a controlled act has been delegated to the member by a member of a regulated health profession, the name of the other member, the nature of the controlled act and whether the delegated act was performed on the patient/client					
Every professional service that was commenced but not completed, including the reasons for non-completion					
Every cancellation of an appointment by the patient/client and, if available, the reason for the cancellation					
Every refusal of a treatment or procedure by the patient/client or by the patient's authorized representative					
A record of every consent provided by the patient/client or by the patient's/client's authorized representative					
A copy of or, if a copy is not available, the details about any report concerning the patient that was required to be made under the Act, the Regulated Health Professions Act, 1991 or any other law of Ontario or Canada					
A copy of or, if a copy is not available, the details about any legal requirement that compelled the member to disclose any information concerning the patient/client or the patient's/client's records, including the name of the person or official to whom the disclosure was made and the nature of the legal requirement					
A report of any adverse outcome relating to the provision of health care services to the patient/client by the member, including any injury to the patient/client, the member or any person assisting the member					



CHECKLIST FOR FINANCIAL RECORD

	<i>RECORD REFERENCE #</i>						
A financial record shall contain the following (From Section 5(2) of the Proposed Records Regulation, 2011):							
The patient's/client's name							
The member's name							
If the person who provided the professional product or service was not the member, the name of that person							
Each professional product or service provided to the patient/client and the date it was provided							
The fee charged or received that relates to each professional product or service provided to the patient/client							
The total fee charged or received for all of the professional products or services							
A record of the receipt given by or on behalf of the member, if available							



CHECKLIST FOR COMPILING EVIDENCE

STANDARD/INDICATOR	SOURCE OF EVIDENCE
1.1 I have the criteria to begin and end intervention.	
1.2 I maintain records, which accurately reflect the services provided.	
1.3 I perform controlled acts according to preferred practice guidelines and position statements.	
1.4 I am accountable for unregulated personnel providing intervention under my direction.	
1.5 I ensure that all materials and equipment used in my practice is in proper working order and calibrated as required.	
1.6 I follow health and safety procedures and practices.	
2.1 I practise within the limits of my individual competence as determined by education, training and professional experience..	
2.2 I continually acquire knowledge and skills necessary to provide quality service	
2.3 I use intervention procedures based on current knowledge in the field of audiology and/or speech-language pathology incorporating evidence-based research and advances in technology.	
2.4 I use intervention procedures that are appropriate to the abilities of the patient/client.	
2.5 I use intervention procedures that are appropriate to the cultural/linguistic background of the patient/client/Substitute Decision Maker (SDM).	
2.6 I monitor, evaluate and modify my intervention procedures based on patient/client outcome.	
2.7 I seek feedback from others in my profession regarding my clinical practice.	
3.1 I obtain and documents consent for all intervention plans, courses of action and any significant changes thereafter.	
3.2 I obtain and document consent to collect, use, retain disclose and discard personal health information	
3.3 I consult with the patient/client and/or SDM when establishing an intervention plans and/or courses of action.	

3.4	I set intervention goals that describe realistic outcomes for the patient/client	
3.5	I respect each patient/client's and/or SDM's decision to decline intervention	
3.6	I maintain patient/client confidentiality at all times	
4.1	I use language that is appropriate to the age and cognitive abilities of the patient/client to facilitate comprehension and participation.	
4.2	I communicate in a manner that is appropriate to the cultural and linguistic background of the patient/client.	
4.3	I communicate constructively, effectively and collaboratively with my peers/team/co-workers, including members of other professions.	
4.4	I accurately communicate my professional credentials to my patients/clients and others	