



MENTORSHIP CONTRACT

SECTION 1 PRACTICE INFORMATION

MENTEE'S INFORMATION

Please **do not** submit a mentorship contract to the College **before** a certificate of registration has been issued to you.

First Name	Last Name
Business Telephone	CASLPO Reg. No.

BUSINESS ADDRESS

Organization:	
Department:	
Address:	
City	Province
Country	Postal Code:

MENTOR'S INFORMATION

Mentors must be in good standing with the College, which means they meet CASLPO's criteria for mentors. Click [here](#) to view the mentor criteria.

First Name	Last Name
Business Telephone	CASLPO Reg. No.

One designated mentor is required for the primary employment setting. Multiple mentors are not permitted.

SECTION 2 PROPOSED MENTORSHIP PERIOD

<p>Contract Start Date:</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px auto;"></div> <p style="text-align: center;">Day/Month/Year</p> <p>Your contract start date cannot be before you have been registered with CASLPO.</p>	<p>Your mentorship period will be calculated as 6-months from the indicated start date</p>
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SECTION 3 TIME ALLOCATION FOR MENTORED GUIDANCE

Mentors must provide 48 hours of mentored guidance for the mentee during the mentorship period.

Mentors may collaborate with other SLPs or audiologists to provide mentored guidance hours for the mentee. A *Collaborators Form* must be submitted with the contract (see appendix A). Please see the Mentorship Program Guidelines for more information on collaborators.

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 mentee will be mentored hours per week/month

HOURS OF EMPLOYMENT

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

The mentee works hours per week

SECTION 4 METHODS OF GUIDANCE

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

Guidance will be provided by: *(Check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Direct observation of the mentee 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 | |

SECTION 5 METHODS OF FEEDBACK

Mentors must provide feedback to the mentee regarding their progress during the term of mentorship

Feedback will be provided by *(Check all that apply)*

- Face to Face Meetings
- Telephone or Video Conferences
- Email

Written Communication (e-mail or via Mentorship Self-Assessment Tool (MSAT))

Other (please specify):

SECTION 6 CONFLICT RESOLUTION

The mentor and mentee must develop a conflict resolution plan and identify a third party to assist if a conflict arises and cannot be resolved.

My mentor and I have discussed conflict resolution.

My mentor and I have developed a plan to resolve conflicts that includes the following steps:

- o The issue is identified and defined;
- o Possible solutions are generated;
- o Best solution is implemented; and
- o Follow-up with an evaluation of solution.

My mentor and I have designated a third party to assist if conflict between me and my mentor cannot be resolved.

Please note that the designated third party does not need to be a member of the College.

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

SECTION 7 MENTEE'S DECLARATION

1. I have read and reviewed the Mentorship Program Guidelines with my mentor.
2. I understand that I will be assessed with respect to my compliance with the practice standards set out in the Mentorship Self-Assessment Tool (MSAT).
3. I agree to review the practice standards outlined in the MSAT and to work with my mentor to identify areas requiring specific attention. ([Click here to review the Professional Practice Standards and Indicators](#))
4. I agree to develop an action plan with my mentor in order to receive the guidance necessary for me to acquire the skills, knowledge, judgement and professional behaviour to comply with the practice standards and demonstrate my competence to practice.
5. I agree to comply with the regulations and policies associated with my Initial class certificate of registration OR with the conditions and limitations placed on my General certificate of registration.
6. I agree that I shall only practice under the mentorship of the person named in this contract.
7. I agree to obtain CASLPO's approval for any proposed changes to my mentorship contract prior to the change occurring.
8. I agree to complete a self-evaluation of my progress on the MSAT at the midterm and at the end of my term of mentorship and to discuss and review my self-evaluations on the MSAT with my mentor.
9. I agree to provide evidence of compliance with the professional practice standards for my mentor's review and to upload this evidence to the MSAT.

10. I agree to prepare 5 patient charts at my midterm evaluation and five at my final evaluation (10 charts total) for my mentor to review.

I have read and understood the above.

Name:

Date:

SECTION 8 MENTOR'S DECLARATION

1. I have read the Mentorship Program Guidelines and reviewed the document with the mentee.
2. I have reviewed the criteria for mentors and confirm that I meet all the specified criteria. ([Click here to review the Criteria for Mentors](#))
3. I understand that I will be assessing the mentee with respect to their compliance with the practice standards set out in the Mentorship Self-Assessment Tool (MSAT). ([Click here to review the Professional Practice Standards and Indicators](#))
4. I agree to review the practice standards outlined in the MSAT with the mentee and to identify areas requiring specific attention.
5. I agree to develop an action plan with the mentee so that guidance is provided to facilitate the skills, knowledge, judgement and professional behaviour necessary for the mentee to comply with the professional practice standards.
6. I agree to assess the mentee to determine if they have the required skill, knowledge, judgement and professional behaviour to demonstrate competence to practice.
7. I agree to mentor the mentee in accordance with the College regulations and policies regarding mentorship.
8. 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 mentee's progress to date.
9. I agree to review the mentee's self-evaluations and evidence of compliance on the MSAT both midway and at the end of the term of mentorship and to discuss this with the mentee.
10. I agree to review 5 of the mentee's patient charts at the midterm and 5 more at the final evaluation for compliance with the practice standards (10 charts total).
11. I agree to complete and submit a midterm and final evaluation report of the mentee's progress to CASLPO.

I have read and understood the above.

Name:

Date:

APPENDIX A

This form must be submitted with the mentorship contract if the mentee will have collaborators for their mentored guidance hours.

Mentee's Name	
CASLPO Registration #	

Mentorship Collaborator Form

- Mentors must provide 48 hours of mentored guidance during the mentorship period (e.g., 2 hrs./week).
- Mentors who are unable to provide all 48 hours may collaborate with other SLPs or audiologists and request that they provide *a portion* of the mentee's guidance hours.
- Mentors must organize the "collaborators" to ensure the mentee receives adequate guidance.
- All 48 mentored guidance hours cannot be delegated to collaborators. The mentor must provide enough guidance to be able to evaluate the mentee on the standards of practice.
- The mentee must track guidance hours received from a collaborator using the *Mentored Guidance Hours Tracking Form* available in the Mentorship Self-Assessment Tool (MSAT) under "Mentee Resources".

Collaborator's name	CASLPO Registration #	Where guidance will be provided (Organization, address, city etc.)	Approx. # of guidance hours to be provided.