Mentoring Documentation for Speech Therapist (216 License): 2017-2018 School Year

- 215 Mentor: __________________________ License number: ______________
- 216 License Holder: __________________________ License number: ______________
- 216’s years of experience as a practicing Speech Therapist: __________________________
- School District/School Location: __________________________

Stages of mentoring:

1. Direct/Active: 215 gives direct feedback and direction regarding roles and responsibilities to the 216’s duties and speech therapy related job performance
2. Collaborative: 216 becomes more decisive toward their role in decision-making and communicates with mentor more as a colleague than a supervisor
3. Consultative: 216 is aware of their actions and offers own self-evaluations regarding performance and performs duties without extensive assistance from the 215

Recommended use of this documentation sheet: At the present time, there are no specific requirements under the Mississippi Department of Education mandating how a 215-license holder should mentor or the amount of mentorship needed to effectively train a 216-license holder. ASHA outlines the following recommended frequency/duration of mentoring a Speech Language Pathology Assistant (SLPA):

“First 90 workdays of supervision: 30% supervision (20% direct and 10% indirect) weekly
- SLP should rotate the days and times of supervision to be alternated to ensure that all students receive some direct contact with the SLP at least once every 2 weeks
- Data should be reviewed by the supervisor every week
After the first 90 workdays: The 215 may adjust the supervisory schedule pending the SLPA’s competency and skill level
- Documentation should support ongoing supervision, including direct supervision by the SLP to each student at least every 60 calendar days
- Direct supervision should be provided at least 1 hour weekly; Indirect supervision should be provided as needed to ensure quality services are being provided”

American Speech and Hearing Association: Speech-Language Pathology Assistance Scope of Practice (http://www.asha.org/policy/SP2013-00337/#sec1.13.2)

It is recommended that during a 216’s first year of practice, this tool be followed using the aforementioned supervisory model. This should be consistent and continue to guide the 216 into the requirements of the 3rd stage of mentorship, consultative. For 216 license holders with more than 1 year of experience, at their discretion, the 215-license holder should periodically assess the 216’s performance and mentor as needed to maintain the consultative status. It is important to note that the 215-license holder is a mentor, not an administrator to the 216-license holder. If problems arise that are beyond that of the mentoring role, the 215 will need to follow the required hierarchy (i.e. building administrator, Special Education Director, etc.) to address the issue and not attempt to resolve it him/herself. An optional Administrator signature line is provided if the Administrator request to view the mentorship or if circumstances warrant their intervention.
Date(s) of supervision: ____________________________________________________________

Identify the stage of mentoring the 216 license holder is presently performing at and describe why:
__________________________________________________________
__________________________________________________________

Rate the 216-license holder’s professionalism and skill in the following areas:
(1-Dependent, 2- Emergent, 3- Developed, 4- Proficient/Independent):

1) Conducts thorough and appropriate articulation evaluations 1 2 3 4
2) Selects appropriate goals from evaluation data 1 2 3 4
3) Writes complete reports and IEP’s 1 2 3 4
4) Plans and implements effective and research based therapy 1 2 3 4
5) Collects meaningful data 1 2 3 4
6) Maintains paperwork/adheres to MDE regulations 1 2 3 4
7) Maintains ethics/practices under the scope of a 216 1 2 3 4
8) Collaborates with other professionals and students’ parents 1 2 3 4
9) Conducts IEP, etc. meetings efficiently 1 2 3 4
10) Accurately represents their credentials to parents/caregivers 1 2 3 4
11) Engages in self-reflection and communicates with mentor to increase the effectiveness of their craft 1 2 3 4

Estimated hours of direct supervision during the listed dates: __________________________

Estimated hours of indirect supervision during the listed dates: __________________________

Other comments regarding 216’s performance as a Speech Therapist: _______________________

Speech Language Pathologist Signature: ______________________________ Date: ____________

Administrator Signature (optional- see recommendations above): __________________________ Date: ____________

Speech Therapist Signature: ______________________________ Date: ____________
Sample #1: Sally B. is a 216-license holder with 5 years of practice as a Speech Therapist.

Date(s) of supervision: _8/3/2017-10/15/2017 (First Quarter of school year) _______________

Identify the stage of mentoring the 216-license holder is presently performing at and describe why: ___Consultative; Sally is independent and able to complete all tasks without prompts or assistance from me. She is highly independent and has an excellent rapport with the children, faculty, and parents. __

Rate the 216-license holder’s professionalism and skill in the following areas:
(1-Dependent, 2- Emergent, 3- Developed, 4- Proficient/Independent):

1) Conducts thorough and appropriate articulation evaluations 1 2 3 X4
2) Selects appropriate goals from evaluation data 1 2 3 X4
3) Writes complete reports and IEP’s 1 2 X3 4
4) Plans and implements effective and research based therapy 1 2 3 X4
5) Collects meaningful data 1 2 X3 4
6) Maintains paperwork/adheres to MDE regulations 1 2 X3 4
7) Maintains ethics/practices under the scope of a 216 1 2 3 X4
8) Collaborates with other professionals and students’ parents 1 2 3 X4
9) Conducts IEP, etc. meetings efficiently 1 2 X3 4
10) Accurately represents their credentials to parents/caregivers 1 2 3 X4
11) Engages in self-reflection and communicates with mentor to increase the effectiveness of their craft 1 2 3 X4

Estimated hours of direct supervision during the listed dates: _2 hours- Sally is very independent and requires very little direct supervision; I assist her when needed during IEP and eligibility meetings. ___

Estimated hours of indirect supervision during the listed dates: _4.5 hours; I observe Sally for at least 30 minutes per week during therapy sessions and assessments. ________________

Other comments regarding 216’s performance as a Speech Therapist: _I have no concerns regarding Sally’s performance. She is a great asset to the school and appropriately treats all her articulation students. She maintains ethical standards and completes all documentation and data in an accurate and timely manner. Her therapy sessions are creative and effective. She does not hesitate to ask for my guidance if needed. ___

Speech Language Pathologist Signature: ___________________________ Date: __ __ __ __ __ __ __ __ __ __ 10/15/2017 ______________________________

_Susie Q., M.S., CCC-SLP ___________________________ 10/15/2017 ______________________________

Administrator Signature (optional- see recommendations above): ___________________________ Date: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

_N/A ________________

Speech Therapist Signature: ___________________________ Date: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Sally B. ___________________________ 10/15/2017 ______________________________
Sample #2: Samantha J. is a 216-license holder with 5 months of practice as a Speech Therapist; the 215 mentor has decided that weekly direct and indirect supervision is best during Samantha’s first 90 working days.

**Date(s) of supervision:** __11/6/17, 11/7/17, 11/9/17, and 11/10/2017__________

**Identify the stage of mentoring the 216-license holder is presently performing at and describe your reasoning:** ___Direct/Active; Samantha is making improvements in all areas of practice. She required direct instruction this week in traditional articulation therapy. Additionally, I observed her during an initial evaluation for articulation concerns and I confirmed the health of the student’s oral cavity. ____

**Rate the 216-license holder’s professionalism and skill in the following areas:**
(1-Dependent, 2- Emergent, 3- Developed, 4- Proficient/Independent):

1) Conducts thorough and appropriate articulation evaluations 1 X2 3 4
2) Selects appropriate goals from evaluation data 1 X2 3 4
3) Writes complete reports and IEP’s X1 2 3 4
4) Plans and implements effective and research based therapy 1 X2 3 4
5) Collects meaningful data 1 X2 3 4
6) Maintains paperwork/adheres to MDE regulations X1 2 3 4
7) Maintains ethics/practices under the scope of a 216 1 2 X3 4
8) Collaborates with other professionals and students’ parents X1 2 3 4
9) Conducts IEP, etc. meetings efficiently X1 2 3 4
10) Accurately represents their credentials to parents/caregivers 1 X2 3 4
11) Engages in self-reflection and communicates with mentor to increase the effectiveness of their craft 1 2 X3 4

**Estimated hours of direct supervision during the listed dates:** __8 hours- consisted of evaluations, therapy, meetings and paperwork. ______

**Estimated hours of indirect supervision during the listed dates:** __4 hours; consisted mainly of therapy sessions and data collection. __________________________

**Other comments regarding 216’s performance as a Speech Therapist:** ______Samantha is learning at an adequate pace. She is respectful and accepts critique readily. She is learning a variety of therapy methods and working to become quicker with evaluations. _________________________________________________________________

______________________________

**Speech Language Pathologist Signature:** __________________________

**Speech Language Pathologist:** __Susie Q., M.S., CCC-SLP __________________________

**Date:** 11/10/2017 ___________

**Administrator Signature (optional- see recommendations above):** __________________________

**Date:** __________________________

**Speech Therapist Signature:** __________________________

**Date:** 11/10/2017 ___________