



Alberta College of
Speech-Language Pathologists
and Audiologists
Hear. Speak. Connect.

**SAMPLE Supervised Practice Plan and
Agreement
Entry to Practice for SLPs**

Under the *Health Professions Act* and the *Speech-Language Pathologists and Audiologists Profession Regulation*, the ACSLPA Registration Committee may require an applicant to undergo examinations, testing, assessment, training, or education programs for the purpose of determining substantial equivalency of the qualifications of an applicant. Completion of a period of supervised practice constitutes one such type of assessment and is typically required following successful completion of a written examination. The purpose of the supervised practice is to ensure that the new registrant has the required knowledge and skills required to practice their profession, while supporting and assisting them in becoming successful, independent practitioners in Alberta.

The following outlines the supervised practice plan and agreement for registrants undergoing the entry process.

Section 1 – Contact Information	
Supervisee	Name: Phone: Email:
Supervisor(s)	Name: Phone: Email:

Section 2 –Supervised Practice Overview			
Start Date:		End Date:	
Normal Work Days:		Normal Work Hours:	
Conditions:	The following conditions apply: <ol style="list-style-type: none"> a. A practice permit with the condition that the registrant must practice under supervision will be issued for the duration of the period of supervised practice (a minimum period of the equivalent of 12 weeks of full time work or approximately 450 hours), as per the requirements stated in the ACSLPA Registration Standards & Guidelines. b. The period of supervised practice will allow the registrant to obtain experience in a number of areas that would be reflective of practice for their profession and to demonstrate that they meet the practice competencies in each area of the Practice Competencies for Speech-Language Pathologists in Canada (Section 4). c. The supervised practice period will include both direct and indirect supervision, including respectively, observations of direct client contact (i.e., diagnostics/assessment/testing and intervention/treatment/counselling), as well as review of written reports, charting, etc. Time spent in other profession related activities (i.e., on-site research, writing, meetings, etc.) may also count towards the total hours required. The majority of the hours accrued during the placement should relate to client care, whether they are direct client contact hours or client related activities, and will vary dependent on the client population served, service delivery model utilized, etc. 		

	<p>d. The amount of direct vs. indirect supervision required will be variable and dependent on client complexity, site, caseload, registrant skills, and experience, and should be adjusted to meet individualized placement needs. In order for the supervisor to evaluate the registrant's skills and abilities, it is essential that adequate direct supervision takes place during the early stages of the placement. As a guide, a minimum of 60-75% combined direct and indirect supervision during the first week of the placement would not be uncommon, decreasing to a low of 15-25% of supervision during progressive weeks of the placement, depending on the registrant. A minimum of 30-50% overall supervision is suggested during evaluation weeks (mid-placement and final week of placement). It is generally expected that the amount of supervision will decrease over the duration of the placement, however, this is at the discretion of the supervisor based on the needs of the registrant.</p> <p>e. Additional requirements for direct reading and related activities may be imposed in discussion with the registrant.</p>
<p>Reporting:</p>	<p>The supervisor will complete a mid-point and a final evaluation using the attached forms. The supervisor will provide a copy and discuss the results with the registrant who is undergoing the supervised practice period, prior to submitting the completed report form to ACSLPA.</p> <p>Based on the recommendation of the supervisor, ACSLPA may shorten or extend the period of supervised practice.</p> <p>The mid-point evaluation is due: The final evaluation is due:</p>
<p>Agreement:</p>	<p>As the supervisee and placement supervisor, we agree to the following:</p> <ul style="list-style-type: none"> • We will work together to facilitate in-depth reflection on issues affecting practice, developing both personal and professional expertise. • We will develop a learning plan that includes activities that allow the supervisee to develop and demonstrate competence in each area of the <i>Practice Competencies for Speech-Language Pathologists in Canada</i>. However, the supervisor reserves the right to revise the learning plan as required, based on availability of activities and evolving learning needs. • We will both assume positive intentions and actively listen to one another. • In addition to ongoing supervisory activities and interactions, we will meet every other week for a structured and reflective review of learning. • We will protect the time and space for supervision by keeping to agreed appointments and time boundaries. During our meetings, we will respect privacy and avoid interruptions. • We will work respectfully, mutually open to feedback about how we handle the supervision relationship. <p>As a supervisee, I agree to:</p> <ul style="list-style-type: none"> • Prepare for each of the supervised activities (i.e., read relevant background materials, prepare notes, etc. as required). • Take responsibility for making effective use of the time. • Contact my supervisor as soon as possible if I cannot attend due to illness or family emergency. • Inform the supervisor of planned absences (i.e., doctor's appointment) as far in advance as possible. • Be willing to learn, to develop my clinical competency, and be open to receiving support and feedback.

As a supervisor, I agree to:

- Offer advice, support, and supportive challenge to enable the supervisee to reflect in depth on issues affecting practice.
- Ensure that the supervisee has full access to all learning activities as agreed upon in the learning plan.
- Contact the supervisee as soon as possible if I cannot attend due to illness or family emergency.
- Inform the supervisee of planned absences (i.e., doctor's appointment) as far in advance as possible and make every possible arrangement to ensure placement activities are not compromised.
- Attempt to manage any issues/concerns that may compromise successful completion of the period of supervised practice. However, if the issues/concerns cannot be resolved, I will notify ACSLPA of the situation.
- Complete and submit the required evaluation reports as described in Section 2.

Section 3 – Agreement to Supervised Practice Plan

We agree to the supervised practice plan outlined in this document:

Signature of Supervisee

Date

Signature of Supervisor

Date

Section 4 – Practice Competencies for SLPs in Canada

1. Central Role as Speech-Language Pathologist

1.1 Foundational principles

a	Apply basic knowledge of biomedical, cognitive, linguistic, pharmaceutical, physical and socio-behavioural sciences relevant to human communication processes, including knowledge of their acoustic, biological, cultural/linguistic, developmental and neurological bases.
b	Apply specialized knowledge of typical and atypical development, differences and disorders of human communication, including knowledge in each of the following areas: speech, communication modalities, cognitive and social aspects of communication, fluency, language, literacy, resonance and voice.
c	Apply knowledge of biomedical, pharmaceutical, physical and socio-behavioural sciences relevant to normal swallowing processes and disorders of swallowing.
d	Apply knowledge of hearing, hearing loss and disorders of the auditory system, relevant to practice as a speech-language pathologist.
e	Apply knowledge of principles of clinical practice, including use of diagnostic and rehabilitation instrumentation and procedures, behavioural management, social interaction management and counselling.
f	Use problem-solving and clinical judgment in all aspects of practice.

1.2 Client-centredness

a	Respect client and client diversity.
b	Engage client to clarify values, beliefs, assumptions, expectations and desires.
c	Establish a shared understanding of client concerns and priorities.
d	Incorporate client perspective of needs, values and goals into service provision.
e	Encourage client to participate in decision-making.

1.3 Assessment

a	Develop assessment strategy to evaluate communication.
b	Develop assessment strategy to evaluate swallowing.
c	Conduct assessments.
d	Include relevant information from other sources.
e	Integrate and interpret findings.

1.4 Intervention planning

a	Develop a realistic and measurable intervention plan.
b	Determine resources required for service delivery, and identify any limits or constraints.
c	Finalize intervention plan.

1.5 Intervention and (re)habilitation

a	Implement intervention plan.
b	Carry out direct and indirect service delivery.
c	Monitor, adapt or redesign intervention plan as required.
d	Develop and implement discharge plan.

1.6 Cultural and linguistic sensitivity

a	Acquire knowledge regarding client culture and language.
b	Recognize impact of cultural differences on meeting client needs.
c	Incorporate knowledge of cultural and linguistic differences into service provision.
d	Develop relationships with caregivers and translators/interpreters that support the language needs of the client.

1.7 Population-based programs	
a	Administer screening programs.
b	Administer prevention programs.
c	Deliver community health programs and activities related to communication and swallowing.
1.8 Limits to practice	
a	Practice within personal limitations and level of expertise.
b	Consult with others as and when required.
c	Identify and recommend alternative services for client whose needs are beyond personal limitations or level of expertise.
d	Limit or discontinue intervention plan when appropriate.
2. Role as Communicator	
2.1 Oral and written communication	
a	Communicate in a respectful manner.
b	Use language appropriate to the communicative situation.
c	Provide relevant information.
d	Listen actively.
e	Be sensitive to non-verbal cues.
f	Employ strategies and aids to minimize communication barriers.
g	Address challenging communication issues.
h	Present effectively in small and large group settings.
i	Recognize the impact of diversity upon relationships.
j	Modify communication to minimize barriers due to diversity.
2.2 Documentation	
a	Maintain clear, accurate, timely and complete client records.
b(1)	Comply with regulatory requirements.
b(2)	Comply with organizational requirements.
c	Ensure timely dissemination of client documentation.
3. Role as Collaborator	
3.1 Collaboration with other professionals	
a	Work with others to provide an integrated approach to client services.
b	Provide speech-language pathology expertise in collaborative practice.
c	Interact according to differing roles and responsibilities of team members.
3.2 Relationships with other professionals	
a	Respect personal and professional differences among coworkers.
b	Support positive team dynamics.
c	Manage misunderstandings, limitations and conflicts to enhance collaboration.
4. Role as Advocate	
4.1 Client advocacy	
a	Identify and address client access barriers to services and resources.
b	Advocate for individual clients where appropriate.
c	Engage in promotion and prevention activities.
d	Advocate for resources to enhance service provision where needed.
4.2 Client empowerment	
a	Provide information and tools to assist clients to obtain funding and services for themselves.
b	Provide information and support to promote self-advocacy and societal inclusion.
c	Facilitate opportunities for clients to connect with others experiencing similar challenges.
4.3 Public education	

a	Act on opportunities to communicate the roles of speech-language pathologists and the benefits of their services.
b	Advocate for services based on emerging trends and anticipated future needs of clients.
c	Promote the profession as central and integral for clients with or at risk for communication and swallowing disorders.
5. Role as Scholar	
5.1 Continuous learning	
a	Conduct regular assessment of personal learning needs.
b	Take action to maintain currency and enhance professional competence.
c	Regularly review new knowledge and determine applicability to practice.
d	Select and apply appropriate methods for scholarly inquiry.
e	Integrate new learning into practice.
f	Participate in profession-led learning activities.
g	Recognize and respond to opportunities to contribute to research activities.
5.2 Evidence-based practice	
a	Critically appraise research and other evidence in order to address client, service or practice questions.
b	Integrate relevant evidence into service provision.
c	Evaluate the impact of practice changes.
5.3 Facilitation of the learning of others	
a	Share knowledge related to communication and swallowing.
b	Develop and implement responsive teaching strategies appropriate to learner needs.
6. Role as Manager	
6.1 Practice management	
a	Set priorities and manage clinical and administrative activities effectively.
b	Allocate speech-language services balancing client needs with available resources.
c	Supervise support personnel.
6.2 Workplace functioning	
a	Engage in human resource management activities consistent with organizational needs.
b	Engage in financial management and resource planning activities consistent with organizational needs.
c	Engage in business management consistent with organizational needs.
d	Participate in quality improvement activities.
7. Role as Professional	
7.1 Professional integrity	
a	Comply with relevant federal and provincial requirements.
b	Comply with regulatory requirements.
c	Comply with professional code(s) of ethics.
d	Recognize and respond to ethical issues encountered in practice.
e	Recognize and respond to situations involving conflict of interest.
f	Recognize and respond to unprofessional behaviours of others in practice.
g	Maintain professional demeanour.
7.2 Professional relationships	
a	Respect the limits of professional privilege and authority.
b	Maintain boundaries in relationships with clients, colleagues and other professionals.
c	Recognize and respond to opportunities to contribute to clinical education.

Supervised Practice – Mid-Point Report to ACSLPA

Name of Registrant: _____

Supervisor(s): _____

Report Due: _____

Period of Supervision:

Start date:	End date:
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Total Hours Worked by Registrant During This Reporting Period:

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Hours Supervised:

Direct – diagnostic/assessment/testing hours	
Indirect – diagnostic/assessment/testing hours	
Direct – intervention/treatment/counselling hours	
Indirect – intervention/treatment/counselling hours	
Other (please specify)	
TOTAL HOURS SUPERVISED THIS REPORTING PERIOD	

Evaluation of Practice Competence:

1. Central Role as SLP	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

2. Role as Communicator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

3. Role as Collaborator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

4. Role as Advocate	
Progress to Date	Observations, Comments and Recommendations

<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	
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5. Role as Scholar	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

6. Role as Manager	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

7. Role Professional	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

Other Supervisor Comments:

Supervisee Comments:

Supervisor

Name (print):	
Signature:	
Date:	

Supervisee

Name (print):	
Signature:	
Date:	

Supervised Practice – Final Report to ACSLPA

Name of Registrant: _____

Supervisor(s): _____

Report Due: _____

Period of Supervision:

Start date:	End date:
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Total Hours Worked by Registrant During This Reporting Period:

Total Hours Worked by Registrant Across Mid Term and Final Reporting Periods (add together total number of hours from both reports):

Hours Supervised:

Direct – diagnostic/assessment/testing hours	
Indirect – diagnostic/assessment/testing hours	
Direct – intervention/treatment/counselling hours	
Indirect – intervention/treatment/counselling hours	
Other (please specify)	
TOTAL HOURS SUPERVISED THIS REPORTING PERIOD	

Evaluation of Practice Competence:

1. Central Role as SLP	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

2. Role as Communicator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

3. Role as Collaborator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

4. Role as Advocate	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

5. Role as Scholar	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

6. Role as Manager	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

7. Role Professional	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

Other Supervisor Comments:

Supervisee Comments:

Supervisor

Please check one:

- I, the undersigned, verify that _____ has successfully completed the supervised practice entry process requirements and is, in my opinion, competent to practice.

- I, the undersigned, verify that _____ has not successfully completed the supervised practice entry process requirements.

Name (print):	
Signature:	
Date:	

Supervisee

Name (print):	
Signature:	
Date:	

Approval by ACSLPA to remove supervision condition:	
_____	_____
Registrar	Date



SAMPLE Supervised Practice Plan and Agreement
Entry to Practice for Audiologists

Under the *Health Professions Act* and the *Speech-Language Pathologists and Audiologists Profession Regulation*, the ACSLPA Registration Committee may require an applicant to undergo examinations, testing, assessment, training, or education programs for the purpose of determining substantial equivalency of the qualifications of an applicant. Completion of a period of supervised practice constitutes one such type of assessment and is typically required following successful completion of a written examination. The purpose of the supervised practice is to ensure that the new registrant has the required knowledge and skills required to practice their profession, while supporting and assisting them in becoming successful, independent practitioners in Alberta.

The following outlines the supervised practice plan and agreement for registrants undergoing the entry process.

Section 1 – Contact Information		
Supervisee	Name: Phone: Email:	
Supervisor(s)	Name: Phone: Email:	Name: Phone: Email:

Section 2 –Supervised Practice Overview			
Start Date:		End Date:	
Normal Work Days:		Normal Work Hours:	
Conditions:	The following conditions apply: <ol style="list-style-type: none"> a. A practice permit with the condition that the registrant must practice under supervision will be issued for the duration of the period of supervised practice (a minimum period of the equivalent of 12 weeks of full time work or approximately 450 hours), as per the requirements stated in the ACSLPA Registration Standards & Guidelines. b. The period of supervised practice will allow the registrant to obtain experience in a number of areas that would be reflective of practice for their profession and to demonstrate that they meet the practice competencies in each area of the Practice Competencies for Audiologists in Canada (Section 4). c. The supervised practice period will include both direct and indirect supervision, including observations of direct client contact (i.e., diagnostics/assessment/testing and intervention/treatment/counselling), as well as review of written reports, charting, etc. Time spent in other profession related activities (i.e., on-site research, writing, meetings, etc.) may also count towards the total hours required. The majority of the hours accrued during the placement should relate to client care, whether they are direct client contact hours or client related activities, and will vary dependent on the client population served, service delivery model utilized, etc. 		

	<p>d. The amount of direct vs. indirect supervision required will be variable and dependent on client complexity, site, caseload, registrant skills, and experience, and should be adjusted to meet individualized placement needs. In order for the supervisor to evaluate the registrant's skills and abilities, it is essential that adequate direct supervision takes place during the early stages of the placement. As a guide, a minimum of 60-75% combined direct and indirect supervision during the first week of the placement would not be uncommon, decreasing to a low of 15-25% of supervision during progressive weeks of the placement. A minimum of 30-50% overall supervision is suggested during evaluation weeks (mid-placement and final week of placement). It is generally expected that the amount of supervision will decrease over the duration of the placement however this is at the discretion of the supervisor based on the needs of the registrant.</p> <p>e. Additional requirements for direct reading and related activities may be imposed in discussion with the registrant.</p>
<p>Reporting:</p>	<p>The supervisor will complete a mid-point and a final evaluation using the attached forms. The supervisor will provide a copy and discuss the results with the registrant who is undergoing the supervised practice period, prior to submitting the completed report form to ACSLPA.</p> <p>Based on the recommendation of the supervisor, ACSLPA may shorten or extend the period of supervised practice.</p> <p>The mid-point evaluation is due: The final evaluation is due:</p>
<p>Agreement:</p>	<p>As the supervisee and placement supervisor, we agree to the following:</p> <ul style="list-style-type: none"> • We will work together to facilitate in-depth reflection on issues affecting practice, developing both personal and professional expertise. • We will develop a learning plan that includes activities that allow the supervisee to develop and demonstrate competence in each area of the <i>Practice Competencies for Audiologists in Canada</i>. However, the supervisor reserves the right to revise the learning plan as required, based on availability of activities and evolving learning needs. • We will both assume positive intentions and actively listen to one another. • In addition to ongoing supervisory activities and interactions, we will meet every other week for a structured and reflective review of learning. • We will protect the time and space for supervision by keeping to agreed appointments and time boundaries. During our meetings, we will respect privacy and avoid interruptions. • We will work respectfully, mutually open to feedback about how we handle the supervision relationship. <p>As a supervisee, I agree to:</p> <ul style="list-style-type: none"> • Prepare for each of the supervised activities (i.e., read relevant background materials, prepare notes, etc. as required). • Take responsibility for making effective use of the time. • Contact my supervisor as soon as possible if I cannot attend due to illness or family emergency. • Inform the supervisor of planned absences (i.e., doctor's appointment) as far in advance as possible. • Be willing to learn, to develop my clinical competency, and be open to receiving support and feedback.

As a supervisor, I agree to:

- Offer advice, support, and supportive challenge to enable the supervisee to reflect in depth on issues affecting practice.
- Ensure that the supervisee has full access to all learning activities as agreed upon in the learning plan.
- Contact the supervisee as soon as possible if I cannot attend due to illness or family emergency.
- Inform the supervisee of planned absences (i.e., doctor's appointment) as far in advance as possible and make every possible arrangement to ensure placement activities are not compromised.
- Attempt to manage any issues/concerns that may compromise successful completion of the period of supervised practice. However, if the issues/concerns cannot be resolved, I will notify ACSLPA of the situation.
- Complete and submit the required evaluation reports as described in Section 2.

Section 3 – Agreement to Supervised Practice Plan

We agree to the supervised practice plan outlined in this document:

Signature of Supervisee

Date

Signature of Supervisor

Date

Section 4 – Practice Competencies for Audiologists in Canada

1. Central Role as Audiologist

1.1 Foundational principles

a	Apply basic knowledge of biomedical, cognitive, linguistic, pharmaceutical, physical and socio-behavioural sciences relevant to human communication processes, including knowledge of their acoustic, biological, cultural/linguistic, developmental and neurological bases.
b	Apply specialized knowledge of hearing and the auditory system, including knowledge of auditory system anatomy and physiology, auditory system pathophysiology, and psychoacoustics.
c	Apply knowledge of audiologic procedures including behavioural audiological tests, electrophysiological measures, amplification technologies, as well as (re)habilitation practices.
d	Apply knowledge of biomedical, socio-behavioural, pharmaceutical and physical sciences relevant to normal vestibular processes and disorders of the vestibular system.
e	Apply knowledge of delayed and disordered speech and language, as well as other aspects of communication relevant to practice as an audiologist.
f	Apply knowledge of principles of clinical practice, including use of diagnostic and rehabilitation instrumentation, behavioural management, social interaction management and counselling.
g	Use problem-solving and clinical judgment in all aspects of practice.

1.2 Client-centredness

a	Respect client and client diversity.
b	Engage client to clarify values, beliefs, assumptions, expectations and desires.
c	Establish a shared understanding of client concerns and priorities.
d	Incorporate client perspective of needs, values and goals into service provision.
e	Encourage client to participate in decision-making.

1.3 Assessment

a	Develop assessment strategy to evaluate auditory function and related aspects of communication.
b	Develop assessment strategy to evaluate vestibular function.
c	Conduct assessments.
d	Include relevant information from other sources.
e	Integrate and interpret findings.

1.4 Intervention planning

a	Develop a realistic and measurable intervention plan.
b	Determine resources required for service delivery, and identify any limits or constraints.
c	Finalize intervention plan.

1.5 Intervention and (re)habilitation

a	Implement intervention plan.
b	Provide auditory and communication skills development.
c	Prescribe technology.
d	Dispense technology.
e	Evaluate effectiveness of technology and (re)habilitation services using appropriate verification and validation methods.
f	Modify technology as required.
g	Provide behavioural interventions.
h	Monitor, adapt or redesign intervention plan as required.
i	Determine and arrange appropriate follow-up services.

1.6 Cultural and linguistic sensitivity	
a	Acquire knowledge regarding client culture and language.
b	Recognize impact of cultural differences on meeting client needs.
c	Incorporate knowledge of cultural and linguistic differences into service provision.
d	Develop relationships with caregivers and translators/interpreters that support the needs of the client.
1.7 Population-based programs	
a	Administer screening programs.
b	Administer hearing conservation and prevention programs.
c	Deliver community audiological health programs and activities.
1.8 Limits to practice	
a	Practice within personal limitations and level of expertise.
b	Consult with others as and when required.
c	Identify and recommend alternative services for client whose needs are beyond personal limitations or level of expertise.
d	Limit or discontinue intervention plan when appropriate.
2. Role as Communicator	
2.1 Oral and written communication	
a	Communicate in a respectful manner.
b	Use language appropriate to the communicative situation.
c	Provide relevant information.
d	Listen actively.
e	Be sensitive to non-verbal cues.
f	Employ strategies and aids to minimize communication barriers.
g	Address challenging communication issues.
h	Present effectively in small and large group settings.
i	Recognize the impact of diversity upon relationships.
j	Modify communication to minimize barriers due to diversity.
2.2 Documentation	
a	Maintain clear, accurate, timely and complete client records.
b(1)	Comply with regulatory requirements.
b(2)	Comply with organizational requirements.
c	Ensure timely dissemination of client documentation.
3. Role as Collaborator	
3.1 Collaboration with other professionals	
a	Work with others to provide an integrated approach to client services.
b	Provide audiology expertise in collaborative practice.
c	Interact according to differing roles and responsibilities of team members.
3.2 Relationships with other professionals	
a	Respect personal and professional differences among coworkers.
b	Support positive team dynamics.
c	Manage misunderstandings, limitations and conflicts to enhance collaboration.
4. Role as Advocate	
4.1 Client advocacy	
a	Identify and address client access barriers to services and resources.
b	Advocate for individual clients where appropriate.
c	Engage in promotion and prevention activities.
d	Advocate for resources to enhance service provision where needed.

4.2 Client empowerment	
a	Provide information and tools to assist clients to obtain funding and services for themselves.
b	Provide information and support to promote self-advocacy and societal inclusion.
c	Facilitate opportunities for clients to connect with others experiencing similar challenges.
4.3 Public education	
a	Act on opportunities to communicate the roles of audiologists and the benefits of their services.
b	Advocate for services based on emerging trends and anticipated future needs of clients.
c	Promote the profession as central and integral for clients with or at risk for hearing loss and auditory or vestibular disorders.
5. Role as Scholar	
5.1 Continuous learning	
a	Conduct regular assessment of personal learning needs.
b	Take action to maintain currency and enhance professional competence.
c	Regularly review new knowledge and determine applicability to practice.
d	Select and apply appropriate methods for scholarly inquiry.
e	Integrate new learning into practice.
f	Participate in profession-led learning activities.
g	Recognize and respond to opportunities to contribute to research activities.
5.2 Evidence-based practice	
a	Critically appraise research and other evidence in order to address client, service or practice questions.
b	Integrate relevant evidence into service provision.
c	Evaluate the impact of practice changes.
5.3 Facilitation of the learning of others	
a	Share knowledge related to audiology.
b	Develop and implement responsive teaching strategies appropriate to learner needs.
6. Role as Manager	
6.1 Practice management	
a	Set priorities and manage clinical and administrative activities effectively.
b	Allocate audiology services balancing client needs with available resources.
c	Supervise support personnel.
6.2 Workplace functioning	
a	Engage in human resource management activities consistent with organizational needs.
b	Engage in financial management and resource planning activities consistent with organizational needs.
c	Engage in business management consistent with organizational needs.
d	Participate in quality improvement activities.
7. Role as Professional	
7.1 Professional integrity	
a	Comply with relevant federal and provincial requirements.
b	Comply with regulatory requirements.
c	Comply with professional code(s) of ethics.
d	Recognize and respond to ethical issues encountered in practice.
e	Recognize and respond to situations involving conflict of interest.
f	Recognize and respond to unprofessional behaviours of others in practice.
g	Maintain professional demeanour.
7.2 Professional relationships	
a	Respect the limits of professional privilege and authority.
b	Maintain boundaries in relationships with clients, colleagues and other professionals.
c	Recognize and respond to opportunities to contribute to clinical education.

Supervised Practice – Mid-Point Report to ACSLPA

Name of Registrant: _____

Supervisor(s): _____

Report Due: _____

Period of Supervision:

Start date:	End date:
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Total Hours Worked by Registrant During This Reporting Period:

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Hours Supervised:

Direct – diagnostic/assessment/testing hours	
Indirect – diagnostic/assessment/testing hours	
Direct – intervention/treatment/counselling hours	
Indirect – intervention/treatment/counselling hours	
Other (please specify)	
TOTAL HOURS SUPERVISED THIS REPORTING PERIOD:	

Evaluation of Practice Competence:

8. Central Role as Audiologist	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

9. Role as Communicator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

10. Role as Collaborator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

11. Role as Advocate	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

12. Role as Scholar	
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Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

13. Role as Manager	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

14. Role Professional	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

Other Supervisor Comments:

Supervisee Comments:

Supervisor

Name (print):	
Signature:	
Date:	

Supervisee

Name (print):	
Signature:	
Date:	

Supervised Practice – Final Report to ACSLPA

Name of Registrant: _____

Supervisor(s): _____

Report Due: _____

Period of Supervision:

Start date:	End date:
-------------	-----------

Total Hours Worked by Registrant During This Reporting Period:

--

Total Hours Worked by Registrant Across Mid Term and Final Reporting Periods (add together total number of hours from both reports):

--

Hours Supervised:

Direct – diagnostic/assessment/testing hours	
Indirect – diagnostic/assessment/testing hours	
Direct – intervention/treatment/counselling hours	
Indirect – intervention/treatment/counselling hours	
Other (please specify)	
TOTAL HOURS SUPERVISED THIS REPORTING PERIOD:	

Evaluation of Practice Competence:

1. Central Role as Audiologist	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

2. Role as Communicator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

3. Role as Collaborator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

4. Role as Advocate	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

5. Role as Scholar	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

6. Role as Manager	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

7. Role Professional	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

Other Supervisor Comments:

Supervisee Comments:

Supervisor

Please check one:

- I, the undersigned, verify that _____ has successfully completed the supervised practice entry process requirements and is, in my opinion, competent to practice.

- I, the undersigned, verify that _____ has not successfully completed the supervised practice entry process requirements.

Name (print):	
Signature:	
Date:	

Supervisee

Name (print):	
Signature:	
Date:	

Approval by ACSLPA to remove supervision condition:	
_____	_____
Registrar	Date



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and Audiologists
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Supervised Practice Plan and Agreement for SLPs

ACSLPA registrants who have practiced less than 1250 hours during the previous five-year period will undergo a supervised practice period, as described in the *ACSLPA Registration Standards & Guidelines*. The purpose of this period is to update a registrant’s knowledge base and skills, to re-establish professional networks and act as a mechanism of support to the member when returning to a more active level of practice.

Section 1 – Contact Information		
Supervisee	Name: Phone: Email:	
Supervisor(s)	Name: Phone: Email:	Name: Phone: Email:

Section 2 –Supervised Practice Overview			
Start Date:		End Date:	
Normal Work Days:		Normal Work Hours:	
Conditions:	<p>The following conditions apply:</p> <ul style="list-style-type: none"> f. A practice permit with the condition that the registrant must practice under supervision will be issued for the duration of the period of supervised practice (which will be specific to each individual’s circumstance), as per the requirements stated in the <i>ACSLPA Registration Standards & Guidelines</i>. g. The period of supervised practice will allow the registrant to obtain experience in a number of areas that would be reflective of practice for their profession and to demonstrate that they meet the practice competencies in each area of the <i>Practice Competencies for Speech-Language Pathologists in Canada</i> (Section 4). h. The supervised practice period will include both direct and indirect supervision, including observations of direct client contact (i.e., diagnostics/assessment/testing and intervention/treatment/counselling), as well as review of written reports, charting, etc. Time spent in other profession related activities (i.e., on-site research, writing, meetings, etc.) may also count towards the total hours required. i. Specific requirements of the supervised practice period will include the following: <ul style="list-style-type: none"> • supervision of a minimum of 30% of direct contact clinical hours; of these hours, at least half must be related to diagnostics/assessment/testing and the other half must be related to intervention/treatment/counselling; • the supervisor will review written reports, charting, etc. during the period of supervised practice. 		

	<p>j. The amount of direct vs. indirect supervision required will be variable and dependent on client complexity, site, caseload, registrant skills, and experience, and should be adjusted to meet individualized placement needs. In order for the supervisor to evaluate the registrant's skills and abilities, it is essential that adequate direct supervision takes place during the early stages of the placement. As a guide, a minimum of 75% combined direct and indirect supervision during the first week of the placement would not be uncommon, decreasing to a low of 15-25% of supervision during progressive weeks of the placement, depending on the registrant. A minimum of 30-50% overall supervision is suggested during evaluation weeks (mid-placement and final week of placement). It is generally expected that the amount of supervision will decrease over the duration of the placement, however, this is at the discretion of the supervisor based on the needs of the registrant. The number of hours of supervision required and the duration of weeks of the placement will impact how and when supervision is provided.</p> <p>k. Additional requirements for direct reading and related activities may be imposed in discussion with the registrant.</p>
<p>Reporting:</p>	<p>The supervisor will complete a mid-point and a final evaluation using the attached forms. The supervisor will provide a copy and discuss the results with the registrant who is undergoing the supervised practice period, prior to submitting the completed report form to ACSLPA.</p> <p>Based on the recommendation of the supervisor, ACSLPA may shorten or extend the period of supervised practice.</p> <p>The mid-point evaluation is due: The final evaluation is due:</p>
<p>Agreement:</p>	<p>As the supervisee and placement supervisor, we agree to the following:</p> <ul style="list-style-type: none"> • We will work together to facilitate in-depth reflection on issues affecting practice, developing both personal and professional expertise. • We will develop a learning plan that includes activities that allow the supervisee to develop and demonstrate competence in each area of the <i>Practice Competencies for Speech-Language Pathologists in Canada</i>. However, the supervisor reserves the right to revise the learning plan as required, based on availability of activities and evolving learning needs. • We will both assume positive intentions and actively listen to one another. • In addition to ongoing supervisory activities and interactions, we will meet for both structured and reflective review of learning. • We will protect the time and space for supervision by keeping to agreed appointments and time boundaries. During our meetings, we will respect privacy and avoid interruptions. • We will work respectfully, mutually open to feedback about how we handle the supervision relationship. <p>As a supervisee, I agree to:</p> <ul style="list-style-type: none"> • Prepare for each of the supervised activities (i.e., read relevant background materials, prepare notes, etc. as required). • Take responsibility for making effective use of the time. • Contact my supervisor as soon as possible if I cannot attend due to illness or family emergency. • Inform the supervisor of planned absences (i.e., doctor's appointment) as far in advance as possible. • Be willing to learn, to develop my clinical competency, and be open to receiving support and feedback.

As a supervisor, I agree to:

- Offer advice, support, and supportive challenge to enable the supervisee to reflect in depth on issues affecting practice.
- Ensure that the supervisee has full access to all learning activities as agreed upon in the learning plan.
- Contact the supervisee as soon as possible if I cannot attend due to illness or family emergency.
- Inform the supervisee of planned absences (i.e., doctor's appointment) as far in advance as possible and make every possible arrangement to ensure placement activities are not compromised.
- Attempt to manage any issues/concerns that may compromise successful completion of the period of supervised practice. However, if the issues/concerns cannot be resolved, I will notify ACSLPA of the situation.
- Complete and submit the required evaluation reports as described in Section 2.

Section 3 – Agreement to Supervised Practice Plan

We agree to the supervised practice plan outlined in this document:

Signature of Supervisee

Date

Signature of Supervisor

Date

Section 4 – Practice Competencies for SLPs in Canada

1. Central Role as Speech-Language Pathologist

1.1 Foundational principles

a	Apply basic knowledge of biomedical, cognitive, linguistic, pharmaceutical, physical and socio-behavioural sciences relevant to human communication processes, including knowledge of their acoustic, biological, cultural/linguistic, developmental and neurological bases.
b	Apply specialized knowledge of typical and atypical development, differences and disorders of human communication, including knowledge in each of the following areas: speech, communication modalities, cognitive and social aspects of communication, fluency, language, literacy, resonance and voice.
c	Apply knowledge of biomedical, pharmaceutical, physical and socio-behavioural sciences relevant to normal swallowing processes and disorders of swallowing.
d	Apply knowledge of hearing, hearing loss and disorders of the auditory system, relevant to practice as a speech-language pathologist.
e	Apply knowledge of principles of clinical practice, including use of diagnostic and rehabilitation instrumentation and procedures, behavioural management, social interaction management and counselling.
f	Use problem-solving and clinical judgment in all aspects of practice.

1.2 Client-centredness

a	Respect client and client diversity.
b	Engage client to clarify values, beliefs, assumptions, expectations and desires.
c	Establish a shared understanding of client concerns and priorities.
d	Incorporate client perspective of needs, values and goals into service provision.
e	Encourage client to participate in decision-making.

1.3 Assessment

a	Develop assessment strategy to evaluate communication.
b	Develop assessment strategy to evaluate swallowing.
c	Conduct assessments.
d	Include relevant information from other sources.
e	Integrate and interpret findings.

1.4 Intervention planning

a	Develop a realistic and measurable intervention plan.
b	Determine resources required for service delivery, and identify any limits or constraints.
c	Finalize intervention plan.

1.5 Intervention and (re)habilitation

a	Implement intervention plan.
b	Carry out direct and indirect service delivery.
c	Monitor, adapt or redesign intervention plan as required.
d	Develop and implement discharge plan.

1.6 Cultural and linguistic sensitivity

a	Acquire knowledge regarding client culture and language.
b	Recognize impact of cultural differences on meeting client needs.
c	Incorporate knowledge of cultural and linguistic differences into service provision.
d	Develop relationships with caregivers and translators/interpreters that support the language needs of the client.

1.7 Population-based programs

a	Administer screening programs.
b	Administer prevention programs.
c	Deliver community health programs and activities related to communication and swallowing.

1.8 Limits to practice	
a	Practice within personal limitations and level of expertise.
b	Consult with others as and when required.
c	Identify and recommend alternative services for client whose needs are beyond personal limitations or level of expertise.
d	Limit or discontinue intervention plan when appropriate.
2. Role as Communicator	
2.1 Oral and written communication	
a	Communicate in a respectful manner.
b	Use language appropriate to the communicative situation.
c	Provide relevant information.
d	Listen actively.
e	Be sensitive to non-verbal cues.
f	Employ strategies and aids to minimize communication barriers.
g	Address challenging communication issues.
h	Present effectively in small and large group settings.
i	Recognize the impact of diversity upon relationships.
j	Modify communication to minimize barriers due to diversity.
2.2 Documentation	
a	Maintain clear, accurate, timely and complete client records.
b(1)	Comply with regulatory requirements.
b(2)	Comply with organizational requirements.
c	Ensure timely dissemination of client documentation.
3. Role as Collaborator	
3.1 Collaboration with other professionals	
a	Work with others to provide an integrated approach to client services.
b	Provide speech-language pathology expertise in collaborative practice.
c	Interact according to differing roles and responsibilities of team members.
3.2 Relationships with other professionals	
a	Respect personal and professional differences among coworkers.
b	Support positive team dynamics.
c	Manage misunderstandings, limitations and conflicts to enhance collaboration.
4. Role as Advocate	
4.1 Client advocacy	
a	Identify and address client access barriers to services and resources.
b	Advocate for individual clients where appropriate.
c	Engage in promotion and prevention activities.
d	Advocate for resources to enhance service provision where needed.
4.2 Client empowerment	
a	Provide information and tools to assist clients to obtain funding and services for themselves.
b	Provide information and support to promote self-advocacy and societal inclusion.
c	Facilitate opportunities for clients to connect with others experiencing similar challenges.
4.3 Public education	
a	Act on opportunities to communicate the roles of speech-language pathologists and the benefits of their services.
b	Advocate for services based on emerging trends and anticipated future needs of clients.
c	Promote the profession as central and integral for clients with or at risk for communication and swallowing disorders.

5. Role as Scholar	
5.1 Continuous learning	
a	Conduct regular assessment of personal learning needs.
b	Take action to maintain currency and enhance professional competence.
c	Regularly review new knowledge and determine applicability to practice.
d	Select and apply appropriate methods for scholarly inquiry.
e	Integrate new learning into practice.
f	Participate in profession-led learning activities.
g	Recognize and respond to opportunities to contribute to research activities.
5.2 Evidence-based practice	
a	Critically appraise research and other evidence in order to address client, service or practice questions.
b	Integrate relevant evidence into service provision.
c	Evaluate the impact of practice changes.
5.3 Facilitation of the learning of others	
a	Share knowledge related to communication and swallowing.
b	Develop and implement responsive teaching strategies appropriate to learner needs.
6. Role as Manager	
6.1 Practice management	
a	Set priorities and manage clinical and administrative activities effectively.
b	Allocate speech-language services balancing client needs with available resources.
c	Supervise support personnel.
6.2 Workplace functioning	
a	Engage in human resource management activities consistent with organizational needs.
b	Engage in financial management and resource planning activities consistent with organizational needs.
c	Engage in business management consistent with organizational needs.
d	Participate in quality improvement activities.
7. Role as Professional	
7.1 Professional integrity	
a	Comply with relevant federal and provincial requirements.
b	Comply with regulatory requirements.
c	Comply with professional code(s) of ethics.
d	Recognize and respond to ethical issues encountered in practice.
e	Recognize and respond to situations involving conflict of interest.
f	Recognize and respond to unprofessional behaviours of others in practice.
g	Maintain professional demeanour.
7.2 Professional relationships	
a	Respect the limits of professional privilege and authority.
b	Maintain boundaries in relationships with clients, colleagues and other professionals.
c	Recognize and respond to opportunities to contribute to clinical education.

Supervised Practice – Mid-Point Report to ACSLPA

Name of Registrant: _____

Supervisor(s): _____

Report Due: _____

Period of Supervision:

Start date:	End date:
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Total Hours Worked by Registrant During This Reporting Period:

--

Hours Supervised:

Direct – diagnostic/assessment/testing hours	
Indirect – diagnostic/assessment/testing hours	
Direct – intervention/treatment/counselling hours	
Indirect – intervention/treatment/counselling hours	
Other (please specify)	
TOTAL HOURS SUPERVISED THIS REPORTING PERIOD	

Evaluation of Practice Competence:

1. Central Role as Speech-Language Pathologist	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

2. Role as Communicator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

3. Role as Collaborator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

4. Role as Advocate	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

5. Role as Scholar	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

6. Role as Manager	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

7. Role Professional	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

Other Supervisor Comments:

Supervisee Comments:

Supervisor

Name (print):	
Signature:	
Date:	

Supervisee

Name (print):	
Signature:	
Date:	

SAMPLE

Supervised Practice – Final Report to ACSLPA

Name of Registrant: _____

Supervisor(s): _____

Report Due: _____

Period of Supervision:

Start date:	End date:
-------------	-----------

Total Hours Worked by Registrant During This Reporting Period:

--

Total Hours Worked by Registrant Across Mid Term and Final Reporting Periods (add together total number of hours from both reports):

--

Hours Supervised:

Direct – diagnostic/assessment/testing hours	
Indirect – diagnostic/assessment/testing hours	
Direct – intervention/treatment/counselling hours	
Indirect – intervention/treatment/counselling hours	
Other (please specify)	
TOTAL HOURS SUPERVISED THIS REPORTING PERIOD	

Evaluation of Practice Competence:

1. Central Role as Speech-Language Pathologist	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

2. Role as Communicator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

3. Role as Collaborator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

4. Role as Advocate	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

5. Role as Scholar	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

6. Role as Manager	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

7. Role Professional	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

Other Supervisor Comments:

Supervisee Comments:

Supervisor:

Please check one:

- I, the undersigned, verify that _____ has successfully completed the supervised practice entry process requirements and is, in my opinion, competent to practice.
- I, the undersigned, verify that _____ has not successfully completed the supervised practice entry process requirements.

Name (print):	
Signature:	
Date:	

Supervisee

Name (print):	
Signature:	
Date:	

Approval by ACSLPA to remove supervision condition:	
_____	_____
Registrar	Date



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Supervised Practice Plan and Agreement for Audiologists

ACSLPA registrants who have practiced less than 1250 hours during the previous five-year period will undergo a supervised practice period, as described in the *ACSLPA Registration Standards & Guidelines*. The purpose of this period is to update a registrant’s knowledge base and skills, to re-establish professional networks and act as a mechanism of support to the member when returning to a more active level of practice.

Section 1 – Contact Information		
Supervisee	Name: Phone: Email:	
Supervisor(s)	Name: Phone: Email:	Name: Phone: Email:

Section 2 –Supervised Practice Overview			
Start Date:		End Date:	
Normal Work Days:		Normal Work Hours:	
Conditions:	<p>The following conditions apply:</p> <ul style="list-style-type: none"> l. A practice permit with the condition that the registrant must practice under supervision will be issued for the duration of the period of supervised practice (which will be specific to each individual’s circumstance), as per the requirements stated in the <i>ACSLPA Registration Standards & Guidelines</i>. m. The period of supervised practice will allow the registrant to obtain experience in areas that would be reflective of practice for their profession and to demonstrate that they meet the practice competencies in each area of the <i>Practice Competencies for Audiologists in Canada</i> (Section 4). n. The supervised practice period will include both direct and indirect supervision, including observations of direct client contact (i.e., diagnostics/assessment/testing and intervention/treatment/counselling), as well as review of written reports, charting, etc. Time spent in other profession related activities (i.e., on-site research, writing, meetings, etc.) may also count towards the total hours required. o. Specific requirements of the supervised practice period include the following: <ul style="list-style-type: none"> • supervision of a minimum of 30% of direct contact clinical hours; • the supervisor will review written reports, charting, etc. during the period of supervised practice. 		

	<p>p. The amount of direct vs. indirect supervision required will be variable and dependent on client complexity, site, caseload, registrant skills, and experience, and should be adjusted to meet individualized placement needs. In order for the supervisor to evaluate the registrant's skills and abilities, it is essential that adequate direct supervision takes place during the early stages of the placement. As a guide, a minimum of 60-75% combined direct and indirect supervision during the first week of the placement would not be uncommon, decreasing to a low of 15-25% of supervision during progressive weeks of the placement, depending on the registrant. A minimum of 30-50% overall supervision is suggested during evaluation weeks (mid-placement and final week of placement). It is generally expected that the amount of supervision will decrease over the duration of the placement, however, this is at the discretion of the supervisor based on the needs of the registrant. The number of hours of supervision required and the duration of weeks of the placement will impact how and when supervision is provided.</p> <p>q. Additional requirements for direct reading and related activities may be imposed in discussion with the registrant.</p>
<p>Reporting:</p>	<p>The supervisor will complete a mid-point and a final evaluation using the attached forms. The supervisor will provide a copy and discuss the results with the registrant who is undergoing the supervised practice period, prior to submitting the completed report form to ACSLPA.</p> <p>Based on the recommendation of the supervisor, ACSLPA may shorten or extend the period of supervised practice.</p> <p>The mid-point evaluation is due: The final evaluation is due:</p>
<p>Agreement:</p>	<p>As the supervisee and placement supervisor, we agree to the following:</p> <ul style="list-style-type: none"> • We will work together to facilitate in-depth reflection on issues affecting practice, developing both personal and professional expertise. • We will develop a learning plan that includes activities that allow the supervisee to develop and demonstrate competence in each area of the <i>Practice Competencies for Audiologists in Canada</i>. However, the supervisor reserves the right to revise the learning plan as required, based on availability of activities and evolving learning needs. • We will both assume positive intentions and actively listen to one another. • In addition to ongoing supervisory activities and interactions, we will meet for a structured and reflective review of learning. • We will protect the time and space for supervision by keeping to agreed appointments and time boundaries. During our meetings, we will respect privacy and avoid interruptions. • We will work respectfully, mutually open to feedback about how we handle the supervision relationship. <p>As a supervisee, I agree to:</p> <ul style="list-style-type: none"> • Prepare for each of the supervised activities (i.e., read relevant background materials, prepare notes, etc. as required). • Take responsibility for making effective use of the time. • Contact my supervisor as soon as possible if I cannot attend due to illness or family emergency. • Inform the supervisor of planned absences (i.e., doctor's appointment) as far in advance as possible. • Be willing to learn, to develop my clinical competency, and be open to receiving support and feedback.

As a supervisor, I agree to:

- Offer advice, support, and supportive challenge to enable the supervisee to reflect in depth on issues affecting practice.
- Ensure that the supervisee has full access to all learning activities as agreed upon in the learning plan.
- Contact the supervisee as soon as possible if I cannot attend due to illness or family emergency.
- Inform the supervisee of planned absences (i.e., doctor's appointment) as far in advance as possible and make every possible arrangement to ensure placement activities are not compromised.
- Attempt to manage any issues/concerns that may compromise successful completion of the period of supervised practice. However, if the issues/concerns cannot be resolved, I will notify ACSLPA of the situation.
- Complete and submit the required evaluation reports as described in Section 2.

Section 3 – Agreement to Supervised Practice Plan

We agree to the supervised practice plan outlined in this document:

Signature of Supervisee

Date

Signature of Supervisor

Date

Section 4 – Practice Competencies for Audiologists in Canada

1. Central Role as Audiologist

1.1 Foundational principles

a	Apply basic knowledge of biomedical, cognitive, linguistic, pharmaceutical, physical and socio-behavioural sciences relevant to human communication processes, including knowledge of their acoustic, biological, cultural/linguistic, developmental and neurological bases.
b	Apply specialized knowledge of hearing and the auditory system, including knowledge of auditory system anatomy and physiology, auditory system pathophysiology, and psychoacoustics.
c	Apply knowledge of audiologic procedures including behavioural audiological tests, electrophysiological measures, amplification technologies, as well as (re)habilitation practices.
d	Apply knowledge of biomedical, socio-behavioural, pharmaceutical and physical sciences relevant to normal vestibular processes and disorders of the vestibular system.
e	Apply knowledge of delayed and disordered speech and language, as well as other aspects of communication relevant to practice as an audiologist.
f	Apply knowledge of principles of clinical practice, including use of diagnostic and rehabilitation instrumentation, behavioural management, social interaction management and counselling.
g	Use problem-solving and clinical judgment in all aspects of practice.

1.2 Client-centredness

a	Respect client and client diversity.
b	Engage client to clarify values, beliefs, assumptions, expectations and desires.
c	Establish a shared understanding of client concerns and priorities.
d	Incorporate client perspective of needs, values and goals into service provision.
e	Encourage client to participate in decision-making.

1.3 Assessment

a	Develop assessment strategy to evaluate auditory function and related aspects of communication.
b	Develop assessment strategy to evaluate vestibular function.
c	Conduct assessments.
d	Include relevant information from other sources.
e	Integrate and interpret findings.

1.4 Intervention planning

a	Develop a realistic and measurable intervention plan.
b	Determine resources required for service delivery, and identify any limits or constraints.
c	Finalize intervention plan.

1.5 Intervention and (re)habilitation

a	Implement intervention plan.
b	Provide auditory and communication skills development.
c	Prescribe technology.
d	Dispense technology.
e	Evaluate effectiveness of technology and (re)habilitation services using appropriate verification and validation methods.
f	Modify technology as required.
g	Provide behavioural interventions.
h	Monitor, adapt or redesign intervention plan as required.
i	Determine and arrange appropriate follow-up services.

1.6 Cultural and linguistic sensitivity	
a	Acquire knowledge regarding client culture and language.
b	Recognize impact of cultural differences on meeting client needs.
c	Incorporate knowledge of cultural and linguistic differences into service provision.
d	Develop relationships with caregivers and translators/interpreters that support the needs of the client.
1.7 Population-based programs	
a	Administer screening programs.
b	Administer hearing conservation and prevention programs.
c	Deliver community audiological health programs and activities.
1.8 Limits to practice	
a	Practice within personal limitations and level of expertise.
b	Consult with others as and when required.
c	Identify and recommend alternative services for client whose needs are beyond personal limitations or level of expertise.
d	Limit or discontinue intervention plan when appropriate.
2. Role as Communicator	
2.1 Oral and written communication	
a	Communicate in a respectful manner.
b	Use language appropriate to the communicative situation.
c	Provide relevant information.
d	Listen actively.
e	Be sensitive to non-verbal cues.
f	Employ strategies and aids to minimize communication barriers.
g	Address challenging communication issues.
h	Present effectively in small and large group settings.
i	Recognize the impact of diversity upon relationships.
j	Modify communication to minimize barriers due to diversity.
2.2 Documentation	
a	Maintain clear, accurate, timely and complete client records.
b(1)	Comply with regulatory requirements.
b(2)	Comply with organizational requirements.
c	Ensure timely dissemination of client documentation.
3. Role as Collaborator	
3.1 Collaboration with other professionals	
a	Work with others to provide an integrated approach to client services.
b	Provide audiology expertise in collaborative practice.
c	Interact according to differing roles and responsibilities of team members.
3.2 Relationships with other professionals	
a	Respect personal and professional differences among coworkers.
b	Support positive team dynamics.
c	Manage misunderstandings, limitations and conflicts to enhance collaboration.
4. Role as Advocate	
4.1 Client advocacy	
a	Identify and address client access barriers to services and resources.
b	Advocate for individual clients where appropriate.
c	Engage in promotion and prevention activities.
d	Advocate for resources to enhance service provision where needed.

4.2 Client empowerment	
a	Provide information and tools to assist clients to obtain funding and services for themselves.
b	Provide information and support to promote self-advocacy and societal inclusion.
c	Facilitate opportunities for clients to connect with others experiencing similar challenges.
4.3 Public education	
a	Act on opportunities to communicate the roles of audiologists and the benefits of their services.
b	Advocate for services based on emerging trends and anticipated future needs of clients.
c	Promote the profession as central and integral for clients with or at risk for hearing loss and auditory or vestibular disorders.
5. Role as Scholar	
5.1 Continuous learning	
a	Conduct regular assessment of personal learning needs.
b	Take action to maintain currency and enhance professional competence.
c	Regularly review new knowledge and determine applicability to practice.
d	Select and apply appropriate methods for scholarly inquiry.
e	Integrate new learning into practice.
f	Participate in profession-led learning activities.
g	Recognize and respond to opportunities to contribute to research activities.
5.2 Evidence-based practice	
a	Critically appraise research and other evidence in order to address client, service or practice questions.
b	Integrate relevant evidence into service provision.
c	Evaluate the impact of practice changes.
5.3 Facilitation of the learning of others	
a	Share knowledge related to audiology.
b	Develop and implement responsive teaching strategies appropriate to learner needs.
6. Role as Manager	
6.1 Practice management	
a	Set priorities and manage clinical and administrative activities effectively.
b	Allocate audiology services balancing client needs with available resources.
c	Supervise support personnel.
6.2 Workplace functioning	
a	Engage in human resource management activities consistent with organizational needs.
b	Engage in financial management and resource planning activities consistent with organizational needs.
c	Engage in business management consistent with organizational needs.
d	Participate in quality improvement activities.
7. Role as Professional	
7.1 Professional integrity	
a	Comply with relevant federal and provincial requirements.
b	Comply with regulatory requirements.
c	Comply with professional code(s) of ethics.
d	Recognize and respond to ethical issues encountered in practice.
e	Recognize and respond to situations involving conflict of interest.
f	Recognize and respond to unprofessional behaviours of others in practice.
g	Maintain professional demeanour.
7.2 Professional relationships	
a	Respect the limits of professional privilege and authority.
b	Maintain boundaries in relationships with clients, colleagues and other professionals.
c	Recognize and respond to opportunities to contribute to clinical education.

Supervised Practice – Mid-Point Report to ACSLPA

Name of Registrant: _____

Supervisor(s): _____

Report Due: _____

Period of Supervision:

Start date:	End date:
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Total Hours Worked by Registrant During This Reporting Period:

--

Hours Supervised:

Direct – diagnostic/assessment/testing hours	
Indirect – diagnostic/assessment/testing hours	
Direct – intervention/treatment/counselling hours	
Indirect – intervention/treatment/counselling hours	
Other (please specify)	
TOTAL HOURS SUPERVISED THIS REPORTING PERIOD	

Evaluation of Practice Competence:

1. Central Role as Audiologist	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

2. Role as Communicator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

3. Role as Collaborator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

4. Role as Advocate	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

5. Role as Scholar	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

6. Role as Manager	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

7. Role Professional	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

Other Supervisor Comments:

Supervisee Comments:

Supervisor

Name (print):	
Signature:	
Date:	

Supervisee

Name (print):	
Signature:	
Date:	

Supervised Practice – Final Report to ACSLPA

Name of Registrant: _____

Supervisor(s): _____

Report Due: _____

Period of Supervision:

Start date:	End date:
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Total Hours Worked by Registrant During This Reporting Period:

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Total Hours Worked by Registrant Across Mid Term and Final Reporting Periods (add together total number of hours from both reports):

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Hours Supervised:

Direct – diagnostic/assessment/testing hours	
Indirect – diagnostic/assessment/testing hours	
Direct – intervention/treatment/counselling hours	
Indirect – intervention/treatment/counselling hours	
Other (please specify)	
TOTAL HOURS SUPERVISED THIS REPORTING PERIOD	

Evaluation of Practice Competence:

1. Central Role as Audiologist	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

2. Role as Communicator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

3. Role as Collaborator	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

4. Role as Advocate	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

5. Role as Scholar	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

6. Role as Manager	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

7. Role Professional	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

Other Supervisor Comments:
Supervisee Comments:

Supervisor:

Please check one:

- I, the undersigned, verify that _____ has successfully completed the supervised practice entry process requirements and is, in my opinion, competent to practice.
- I, the undersigned, verify that _____ has not successfully completed the supervised practice entry process requirements.

Name (print):	
Signature:	
Date:	

Supervisee

Name (print):	
Signature:	
Date:	