



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 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: Business Phone: Business Email:	
Supervisor(s)	Name: Business Phone: Business Email:	Name: Business Phone: Business 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 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. 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). 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. 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 		

	<p>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 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. Role of Expert

Speech-language pathologists apply their knowledge of the development and disorders of communication, as well as feeding and swallowing, together with their assessment and intervention skills to provide professional, client-centred care to individuals across the lifespan. This role is central to the function of speech-language pathologists.

1.1 Knowledge Expert

Essential Competencies	Sub-Competencies
a. Apply profession-specific knowledge to prevent, identify and manage communication disorders, and feeding and swallowing disorders across the lifespan.	<ul style="list-style-type: none"> i. Apply knowledge of communication development and disorders to clinical practice. ii. Apply knowledge of feeding and swallowing development and disorders to clinical practice. iii. Apply knowledge of prevention, assessment and intervention processes to clinical practice.
b. Apply basic knowledge from relevant fields that apply to communication and feeding and swallowing across the lifespan.	<ul style="list-style-type: none"> i. Apply basic knowledge from relevant fields (e.g., human physiology, psychology) to clinical practice.
c. Apply knowledge of hearing, hearing loss and disorders of the auditory system to the practice of speech-language pathology.	<ul style="list-style-type: none"> i. Apply knowledge of auditory function, hearing loss and disorders of the auditory system to the service provided to clients, where applicable. ii. Effectively administer standard hearing screening protocols to clients.
d. Use evidence and clinical reasoning to guide professional decisions.	<ul style="list-style-type: none"> i. Critically appraise research and other available evidence to inform clinical practice. ii. Integrate current leading evidence and clinical reasoning in clinical practice.

1.2 Clinical Expert

e. Identify individuals requiring speech-language pathology services.	<ul style="list-style-type: none"> i. Collect and review information from relevant sources (e.g., referrals, reports, consultation) to determine an individual's need for a speech-language pathology assessment. ii. Manage and promote screening programs (e.g., infant, school-aged, feeding and swallowing) to identify individuals requiring speech-language pathology services.
f. Plan, conduct and adjust an assessment.	<ul style="list-style-type: none"> i. Collect and analyze pertinent information prior to the assessment, including: case history, previous reports and the client's perspectives. ii. Organize the environment for an optimal interaction. iii. Plan the assessment, including the appropriate tools, strategies and resources that will address the unique needs of the client. iv. Conduct a valid, accurate and reliable assessment, modifying as necessary. v. Actively listen to and observe all components of communication and/or feeding and swallowing. vi. Provide a re-assessment as appropriate.
g. Analyze and interpret assessment results.	<ul style="list-style-type: none"> i. Analyze formal and informal assessment results. ii. Interpret the data accurately. iii. Formulate conclusions regarding the client's diagnosis, abilities, resources and needs.

<p>h. Develop and share recommendations based on assessment results.</p>	<ul style="list-style-type: none"> i. Develop evidence-informed recommendations, including potential referrals to other professionals, based on the assessment findings. ii. Discuss the assessment results, recommendations and implications with the client and other relevant individuals, as permitted by client.
<p>i. Develop a realistic, evidence-informed and measurable intervention plan.</p>	<ul style="list-style-type: none"> i. Establish and prioritize long-term intervention goals that reflect the client's strengths, needs, values, expectations and constraints. ii. Develop specific, measurable, realistic, time-limited, short-term goals to reach the long-term intervention goals. iii. Develop an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to target the short-term goals. iv. Determine the resources and timelines required for the intervention. v. Develop outcome measures that align with the client's long-term goals. vi. Identify and recommend alternative services for a client whose needs are beyond the professional limitations of the speech-language pathologist.
<p>j. Implement an intervention plan.</p>	<ul style="list-style-type: none"> i. Organize the environment for an optimal interaction. ii. Conduct the intervention, modifying as appropriate. iii. Measure and record the client's response to intervention. iv. Provide appropriate feedback and modelling to the client. v. Use the appropriate modalities, materials and technologies in the provision of service. vi. Provide the client and family or significant others with education, support, training and counselling, relating to communication, feeding or swallowing. vii. Refer to other health care or educational professionals as required.
<p>k. Monitor, adapt and/or redesign an intervention plan based on the client's responses and needs.</p>	<ul style="list-style-type: none"> i. Evaluate the outcomes of the intervention on an ongoing basis. ii. Modify the intervention, as appropriate. iii. Consult with the client when considering a change in the course of action. iv. Plan for discharge and/or transition to other services. v. Discontinue the intervention, as appropriate.

<p>i. Provide clinical direction and oversight to support personnel.</p>	<ul style="list-style-type: none"> i. Incorporate support personnel in clinical care to meet the clinical objectives, as appropriate to the clinical activity and jurisdiction. ii. Facilitate the integration of support personnel into the service model or employment context in a manner that is appropriate to their scope of practice. iii. Determine the capabilities of support personnel. iv. Provide tasks to support personnel based on their competencies. v. Provide the necessary training of support personnel. vi. Monitor and review the performance of support personnel.
<p>2. Role of Communicator Speech-language pathologists facilitate the therapeutic relationship and exchanges that occur before, during and after each encounter. The competencies of this role are essential for establishing rapport and trust, sharing information, developing a mutual understanding and facilitating a shared plan of client-centred care.</p>	
<p>Essential Competencies</p>	<p>Sub-Competencies</p>
<p>a. Communicate respectfully and effectively using appropriate modalities.</p>	<ul style="list-style-type: none"> i. Use language appropriate to the client and context, taking into account age, culture, linguistic abilities, education level, cognitive abilities and emotional state. ii. Employ environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, electronic). iii. Mitigate language barriers by using translators/interpreters, as required. iv. Recognize and respond to the client’s verbal and non-verbal communication. v. Use strategies to facilitate a mutual understanding of shared information. vi. Participate respectfully in challenging conversations.
<p>b. Maintain client documentation.</p>	<ul style="list-style-type: none"> i. Accurately document services provided and their outcomes. ii. Document informed consent. iii. Complete and disseminate documentation in a timely manner. iv. Comply with regulatory and legislative requirements related to documentation.

3. Role of Collaborator

Speech-language pathologists seek out and develop opportunities to work effectively with other professionals, the client and their family, caregiver, significant others and/or the community to achieve optimal client-centred care as well as continuity of care when clients change providers and/or caregivers.

Essential Competencies	Sub-Competencies
a. Establish and maintain effective collaborations to optimize client outcomes.	<ul style="list-style-type: none">i. Collaborate with the client during all stages of care.ii. Interact effectively with all team members.iii. Communicate one's professional roles, responsibilities and scope of practice in collaborative interactions with the client, caregivers and relevant professionals.iv. Recognize and respect the roles and perspectives of other individuals.v. Manage misunderstandings, limitations and conflicts to enhance collaborative practice.vi. Facilitate transfer of care within and across professions.

4. Role of Advocate

Speech-language pathologists use their expertise to advance the health and well-being of a client by assisting them to navigate the healthcare or educational system and access support and resources in a timely manner.

Essential Competencies	Sub-Competencies
a. Advocate for necessary services and resources that support an individual client.	<ul style="list-style-type: none">i. Identify and address the barriers that impede or prevent access to services and resources by the client, according to his or her goals.ii. Encourage the client's societal inclusion and participation.iii. Consult with the appropriate individual(s) and/or organization(s) to obtain available services and resources for the client.
b. Provide information and support to promote a client's self-advocacy.	<ul style="list-style-type: none">i. Identify and provide information and tools to assist the client, or SDM to access services and supports.ii. Enable the client to identify and address barriers that impede or prevent access to services and resources.

5. Role of Scholar

Speech-language pathologists demonstrate a lifelong commitment to professional learning and self-reflection, as well as to the creation, dissemination, application and translation of current evidence-informed knowledge related to the profession of speech-language pathology.

Essential Competencies	Sub-Competencies
a. Maintain currency of professional knowledge and performance in order to provide optimal care.	<ul style="list-style-type: none">i. Identify one's own professional strengths and areas for development.ii. Determine one's own goals for competency development.iii. Develop a plan and implement strategies for continued development in all seven competency roles.iv. Use appropriate resources to fulfill training needs (e.g., literature, continuing education, mentorship).
b. Share professional knowledge with others.	<ul style="list-style-type: none">i. Identify the need for education related to speech-language pathology services in other professionals, the client and/or caregivers and the community.ii. Identify and adapt to the appropriate level of content for the audience.iii. Provide information in an accessible manner to facilitate audience comprehension.

6. Role of Manager	
Essential Competencies	Sub-Competencies
a. Manage the clinical setting.	<ul style="list-style-type: none"> i. Balance competing demands to manage time, caseload, resources and priorities. ii. Apply appropriate precautions, risk management and infection control measures, as required. iii. Ensure equipment, materials, instruments, and devices are regularly calibrated, up to date and in good working condition, according to the required standards. iv. Identify opportunities to improve practice models within workplace settings. v. Participate in or lead quality improvement initiatives. vi. Address problems in one's clinical setting that are related to provincial or national accessibility standards for providing services to the public.
7. Role of Professional	
Speech-language pathologists are guided by a code of ethics, professional standards, regulatory requirements and a commitment to clinical competence in the service they provide to their clients.	
Essential Competencies	Sub-Competencies
a. Maintain professional demeanour in all clinical interactions and settings.	<ul style="list-style-type: none"> i. Maintain confidentiality. ii. Demonstrate professionalism in managing conflict. iii. Maintain personal and professional boundaries in relationships with clients, colleagues and other professionals. iv. Recognize and respond appropriately to the inherent power differential in the client-clinician relationship. v. Demonstrate professionalism in all communications, including those involving electronic platforms.
b. Practice ethically.	<ul style="list-style-type: none"> i. Adhere to professional code of ethics, as defined within one's jurisdiction. ii. Recognize and use critical judgment to respond to ethical issues encountered in practice. iii. Recognize and use critical judgment to respond to actual or perceived conflicts of interest. iv. Identify one's own biases, as they relate to the care of a client. v. Actively work to mitigate one's biases, as they relate to the care of a client. vi. If unable to overcome significant biases, provide the client with alternative options.
c. Adhere to professional standards and regulatory requirements.	<ul style="list-style-type: none"> i. Stay informed of and comply with professional standards and regulatory and legislative requirements within one's jurisdiction. ii. Practice within the profession's scope of practice and one's personal capabilities. iii. Comply with regulatory body requirements to maintain competency, as defined within one's jurisdiction.

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. Role of Expert	
1.1 Knowledge Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	
1.2 Clinical Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

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

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

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

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

6. Role of 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:
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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. Role of Expert	
1.1 Knowledge Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	
1.2 Clinical Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

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

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

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

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

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

7. Role of 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:

SAMPLE

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



Alberta College of
Speech-Language Pathologists
and Audiologists
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**SAMPLE Supervised Practice Plan and
Agreement Entry to Practice
for Audiologists**

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Supervisor(s)	Name: Business Phone: Business Email:	Name: Business Phone: Business Email:

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Normal Work Days:		Normal Work Hours:	
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	<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 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.

	<p>As a supervisor, I agree to:</p> <ul style="list-style-type: none"> • 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.
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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

SAMPLE

Section 4 – Practice Competencies for Audiologists in Canada

1. Role of Expert

Audiologists are able to apply their knowledge of auditory and vestibular development and disorders, together with their assessment and intervention skills to provide professional, client-centred care to individuals across the lifespan. This role is central to the function of audiologists.

1.1 Knowledge Expert

Essential Competencies	Sub-Competencies
a. Apply profession-specific knowledge to prevent, identify and manage auditory and vestibular disorders across the lifespan.	<ul style="list-style-type: none">i. Apply knowledge of the peripheral and central auditory system to prevent, identify, and manage auditory disorders across the lifespan.ii. Apply knowledge of the vestibular system to identify and manage vestibular disorders across the lifespan.iii. Apply knowledge of diagnostic procedures to the services provided to the client.iv. Apply knowledge of communication, auditory, and vestibular rehabilitation techniques and strategies to minimize the impact of auditory and vestibular disorders on the client.v. Apply knowledge of assessment and management of the acoustic and physical environment to prevent and/or minimize the impact of auditory or communication disorders.vi. Apply knowledge of instrumentation and technology to the management of auditory and vestibular disorders.
b. Apply basic knowledge from relevant fields that apply to communication, auditory and vestibular function across the lifespan.	<ul style="list-style-type: none">i. Integrate basic knowledge from relevant fields (e.g., human physiology, acoustics, electroacoustics, psychology) into clinical practice.
c. Apply knowledge of typical and disordered speech and language to the practice of audiology.	<ul style="list-style-type: none">i. Apply knowledge of typical and disordered speech and language to the service provided to clients, as applicable.
d. Use evidence and clinical reasoning to guide professional decisions	<ul style="list-style-type: none">i. Critically appraise research and other available evidence to inform clinical practice.ii. Integrate current leading evidence and clinical reasoning in clinical practice.

1.2 Clinical Expert	
e. Identify individuals requiring audiology services.	<ul style="list-style-type: none"> i. Collect and review information from relevant sources (e.g., referrals, reports, consultation) to determine an individual's need for an audiology assessment. ii. Manage and promote screening programs (e.g., infant, industrial, school) to identify individuals requiring audiology services.
f. Plan, conduct and adjust an assessment.	<ul style="list-style-type: none"> i. In partnership with the client, substitute decision-maker and family, as appropriate, collect and analyze pertinent personal information about the client (e.g., case history, client goals, expectations, motivations, needs, activity limitations, participation restrictions). ii. Collect and analyze pertinent information from external sources of information (e.g., previous reports, consultation) required to understand the client's situation. iii. Plan a valid, accurate and reliable assessment, selecting the tools, equipment and techniques that will address the unique needs of the client. iv. Conduct the assessment, modifying as necessary.
g. Analyze and interpret assessment results.	<ul style="list-style-type: none"> i. Interpret the assessment data using knowledge, skill and judgment. ii. Integrate the data and formulate a conclusion (e.g., regarding site of lesion, functionality, reliability, needs of the client).
h. Develop and share recommendations based on the assessment results.	<ul style="list-style-type: none"> i. Develop recommendations for intervention, including appropriate technology, modifications to the acoustic environment and/or referrals. ii. Discuss the assessment findings, recommendations and implications with the client and other relevant individuals and/or organizations.
i. Develop a realistic, evidence-informed, and measurable intervention plan.	<ul style="list-style-type: none"> i. Develop objectives for the intervention reflecting the client's goals, needs, values, expectations, and constraints. ii. Determine the resources and projected timelines required for the intervention. iii. Prioritize the intervention objectives. iv. Develop an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to address the goals identified in the assessment. v. Consult with others, as required. vi. Identify and recommend alternative services for a client whose needs are beyond the professional limitations of the audiologist. vii. Incorporate outcome measures into the intervention plan.

<p>j. Implement intervention plan.</p>	<ul style="list-style-type: none"> i. Prescribe technology, as appropriate to the client's needs. ii. Dispense technology safely and accurately, troubleshooting as necessary (including verification and validation procedures). iii. Provide the client and appropriate caregivers with education, training, treatment and counseling, as appropriate. iv. Manage and promote hearing conservation and hearing loss prevention programs. v. Demonstrate the appropriate use of equipment, instruments, and/or devices. vi. Refer to other health care or educational professionals as required.
<p>k. Monitor, adapt and/or redesign intervention plan based on the client's responses and needs.</p>	<ul style="list-style-type: none"> i. Evaluate the outcomes of the intervention on an ongoing basis. ii. Modify, limit or discontinue an intervention as appropriate. iii. Consult with the client when considering a change in the course of action. iv. Make referrals, and/or consult with other professionals, as required.
<p>l. Provide clinical direction and oversight to support personnel.</p>	<ul style="list-style-type: none"> i. Incorporate support personnel in clinical care to meet the clinical objectives, as appropriate to the clinical activity and jurisdiction. ii. Facilitate the integration of support personnel into the service model or employment context in a manner that is appropriate to their scope of practice. iii. Determine the capabilities of support personnel. iv. Provide tasks to support personnel based on their competencies. v. Provide the necessary training of support personnel. vi. Monitor and review the performance of support personnel.

2. Role of Communicator Audiologists facilitate the therapeutic relationship and exchanges that occur before, during and after each encounter. The competencies of this role are essential for establishing rapport and trust, sharing information, developing a mutual understanding and facilitating a shared plan of client-centred care.	
Essential Competencies	Sub-Competencies
a. Communicate respectfully and effectively using appropriate modalities.	<ul style="list-style-type: none"> i. Use language appropriate to the client and context, taking into account age, culture, linguistic abilities, education level, cognitive abilities and emotional state. ii. Employ environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, electronic). iii. Mitigate language barriers by using translators/interpreters, as required. iv. Recognize and respond to the client’s verbal and non-verbal communication. v. Use strategies to facilitate a mutual understanding of shared information. vi. Participate respectfully in challenging conversations.
b. Maintain client documentation.	<ul style="list-style-type: none"> i. Accurately document services provided and their outcomes. ii. Document informed consent. iii. Complete and disseminate documentation in a timely manner. iv. Comply with regulatory and legislative requirements related to documentation.
3. Role of Collaborator Audiologists seek out and develop opportunities to work effectively with other professionals, the client and their family, caregiver, significant others and/or the community to achieve optimal client-centred care as well as continuity of care when clients change providers and/or caregivers.	
Essential Competencies	Sub-Competencies
a. Establish and maintain effective collaborations to optimize client outcomes.	<ul style="list-style-type: none"> i. Collaborate with the client during all stages of care. ii. Interact effectively with all team members. iii. Communicate one's professional roles, responsibilities and scope of practice in collaborative interactions with the client, caregivers and relevant professionals. iv. Recognize and respect the roles and perspectives of other individuals. v. Manage misunderstandings, limitations and conflicts to enhance collaborative practice. vi. Facilitate transfer of care within and across professions.

4. Role of Advocate Audiologists use their expertise to advance the health and well-being of a client by assisting them to navigate the healthcare or educational system and access support and resources in a timely manner.	
Essential Competencies	Sub-Competencies
c. Advocate for necessary services and resources that support an individual client.	i. Identify and address the barriers that impede or prevent access to services and resources by the client, according to his or her goals. ii. Encourage the client’s societal inclusion and participation. iii. Consult with the appropriate individual(s) and/or organization(s) to obtain available services and resources for the client.
d. Provide information and support to promote a client’s self- advocacy.	i. Identify and provide information and tools to assist the client, or SDM to access services and supports. ii. Enable the client to identify and address barriers that impede or prevent access to services and resources.
5. Role of Scholar Audiologists demonstrate a lifelong commitment to professional learning and self-reflection, as well as to the creation, dissemination, application and translation of current evidence-informed knowledge related to the profession of audiology.	
Essential Competencies	Sub-Competencies
a. Maintain currency of professional knowledge and performance in order to provide optimal care.	i. Identify one’s own professional strengths and areas for development. ii. Determine one’s own goals for competency development. iii. Develop a plan and implement strategies for continued development in all seven competency roles. iv. Use appropriate resources to fulfill training needs (e.g., literature, continuing education, mentorship).
b. Share professional knowledge with others.	i. Identify the need for education related to audiology services in other professionals, the client and/or caregivers and the community. ii. Identify and adapt to the appropriate level of content for the audience. iii. Provide information in an accessible manner to facilitate audience comprehension.

6. Role of Manager	
Audiologists are integral participants in decisions relating to the service provided to clients in the healthcare or educational system. The decision process may involve co-workers, resources and organizational tasks.	
Essential Competencies	Sub-Competencies
a. Manage the clinical setting.	<ul style="list-style-type: none"> i. Balance competing demands to manage time, caseload, resources and priorities. ii. Apply appropriate precautions, risk management and infection control measures, as required. iii. Ensure equipment, materials, instruments, and devices are regularly calibrated, up to date and in good working condition, according to the required standards. iv. Identify opportunities to improve practice models within workplace settings. v. Participate in or lead quality improvement initiatives. vi. Address problems in one's clinical setting that are related to provincial or national accessibility standards for providing services to the public.
7. Role of Professional	
Audiologists are guided by a code of ethics, professional standards, regulatory requirements and a commitment to clinical competence in the service they provide to their clients.	
Essential Competencies	Sub-Competencies
b. Maintain professional demeanour in all clinical interactions and settings.	<ul style="list-style-type: none"> i. Maintain confidentiality. ii. Demonstrate professionalism in managing conflict. iii. Maintain personal and professional boundaries in relationships with clients, colleagues and other professionals. iv. Recognize and respond appropriately to the inherent power differential in the client-clinician relationship. v. Demonstrate professionalism in all communications, including those involving electronic platforms.
b. Practice ethically.	<ul style="list-style-type: none"> i. Adhere to professional code of ethics, as defined within one's jurisdiction. ii. Recognize and use critical judgment to respond to ethical issues encountered in practice. iii. Recognize and use critical judgment to respond to actual or perceived conflicts of interest. iv. Identify one's own biases, as they relate to the care of a client. v. Actively work to mitigate one's biases, as they relate to the care of a client. vi. If unable to overcome significant biases, provide the client with alternative options.
d. Adhere to professional standards and regulatory requirements.	<ul style="list-style-type: none"> i. Stay informed of and comply with professional standards and regulatory and legislative requirements within one's jurisdiction. ii. Practice within the profession's scope of practice and one's personal capabilities. iii. Comply with regulatory body requirements to maintain competency, as defined within one's jurisdiction.

Supervised Practice – Mid-Point 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:

--

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. Role of Expert	
1.1 Knowledge Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	
1.2 Clinical Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

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

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

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

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

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

7. Role of 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. Role of Expert	
1.1 Knowledge Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	
1.2 Clinical Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

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

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

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

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

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

7. Role of 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:

SAMPLE

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



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

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: Business Phone: Business Email:	
Supervisor(s)	Name: Business Phone: Business Email:	Name: Business Phone: Business Email:

Section 2 –Supervised Practice Overview			
Total Number of Practice Hours Required:			
Start Date:		End Date:	
Conditions:	<p>The following conditions apply:</p> <ol style="list-style-type: none"> 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>. 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 outlined in the <i>Practice Competencies for Speech-Language Pathologists in Canada</i> (Section 4). 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. Specific requirements of the supervised practice period will include the following: <ul style="list-style-type: none"> At least half of the hours worked 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. 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 		

	<p>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>f. 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 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. <p>As a supervisor, I agree to:</p> <ul style="list-style-type: none"> • 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

SAMPLE

Section 4 - Practice Competencies for SLPs in Canada

1. Role of Expert

Speech-language pathologists apply their knowledge of the development and disorders of communication, as well as feeding and swallowing, together with their assessment and intervention skills to provide professional, client-centred care to individuals across the lifespan. This role is central to the function of speech-language pathologists.

1.1 Knowledge Expert

Essential Competencies	Sub-Competencies
a. Apply profession-specific knowledge to prevent, identify and manage communication disorders, and feeding and swallowing disorders across the lifespan.	<ul style="list-style-type: none"> i. Apply knowledge of communication development and disorders to clinical practice. ii. Apply knowledge of feeding and swallowing development and disorders to clinical practice. iii. Apply knowledge of prevention, assessment and intervention processes to clinical practice.
b. Apply basic knowledge from relevant fields that apply to communication and feeding and swallowing across the lifespan.	<ul style="list-style-type: none"> i. Apply basic knowledge from relevant fields (e.g., human physiology, psychology) to clinical practice.
c. Apply knowledge of hearing, hearing loss and disorders of the auditory system to the practice of speech-language pathology.	<ul style="list-style-type: none"> i. Apply knowledge of auditory function, hearing loss and disorders of the auditory system to the service provided to clients, where applicable. ii. Effectively administer standard hearing screening protocols to clients.
d. Use evidence and clinical reasoning to guide professional decisions.	<ul style="list-style-type: none"> i. Critically appraise research and other available evidence to inform clinical practice. ii. Integrate current leading evidence and clinical reasoning in clinical practice.

1.2 Clinical Expert

e. Identify individuals requiring speech-language pathology services.	<ul style="list-style-type: none"> i. Collect and review information from relevant sources (e.g., referrals, reports, consultation) to determine an individual's need for a speech-language pathology assessment. ii. Manage and promote screening programs (e.g., infant, school-aged, feeding and swallowing) to identify individuals requiring speech-language pathology services.
f. Plan, conduct and adjust an assessment.	<ul style="list-style-type: none"> i. Collect and analyze pertinent information prior to the assessment, including: case history, previous reports and the client's perspectives. ii. Organize the environment for an optimal interaction. iii. Plan the assessment, including the appropriate tools, strategies and resources that will address the unique needs of the client. iv. Conduct a valid, accurate and reliable assessment, modifying as necessary. v. Actively listen to and observe all components of communication and/or feeding and swallowing. vi. Provide a re-assessment as appropriate.
g. Analyze and interpret assessment results.	<ul style="list-style-type: none"> i. Analyze formal and informal assessment results. ii. Interpret the data accurately. iii. Formulate conclusions regarding the client's diagnosis, abilities, resources and needs.

<p>h. Develop and share recommendations based on assessment results.</p>	<ul style="list-style-type: none"> i. Develop evidence-informed recommendations, including potential referrals to other professionals, based on the assessment findings. ii. Discuss the assessment results, recommendations and implications with the client and other relevant individuals, as permitted by client.
<p>i. Develop a realistic, evidence-informed and measurable intervention plan.</p>	<ul style="list-style-type: none"> i. Establish and prioritize long-term intervention goals that reflect the client's strengths, needs, values, expectations and constraints. ii. Develop specific, measurable, realistic, time-limited, short-term goals to reach the long-term intervention goals. iii. Develop an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to target the short-term goals. iv. Determine the resources and timelines required for the intervention. v. Develop outcome measures that align with the client's long-term goals. vi. Identify and recommend alternative services for a client whose needs are beyond the professional limitations of the speech-language pathologist.
<p>j. Implement an intervention plan.</p>	<ul style="list-style-type: none"> i. Organize the environment for an optimal interaction. ii. Conduct the intervention, modifying as appropriate. iii. Measure and record the client's response to intervention. iv. Provide appropriate feedback and modelling to the client. v. Use the appropriate modalities, materials and technologies in the provision of service. vi. Provide the client and family or significant others with education, support, training and counselling, relating to communication, feeding or swallowing. vii. Refer to other health care or educational professionals as required.
<p>k. Monitor, adapt and/or redesign an intervention plan based on the client's responses and needs.</p>	<ul style="list-style-type: none"> i. Evaluate the outcomes of the intervention on an ongoing basis. ii. Modify the intervention, as appropriate. iii. Consult with the client when considering a change in the course of action. iv. Plan for discharge and/or transition to other services. v. Discontinue the intervention, as appropriate.

<p>I. Provide clinical direction and oversight to support personnel.</p>	<ul style="list-style-type: none"> i. Incorporate support personnel in clinical care to meet the clinical objectives, as appropriate to the clinical activity and jurisdiction. ii. Facilitate the integration of support personnel into the service model or employment context in a manner that is appropriate to their scope of practice. iii. Determine the capabilities of support personnel. iv. Provide tasks to support personnel based on their competencies. v. Provide the necessary training of support personnel. vi. Monitor and review the performance of support personnel.
<p>2. Role of Communicator Speech-language pathologists facilitate the therapeutic relationship and exchanges that occur before, during and after each encounter. The competencies of this role are essential for establishing rapport and trust, sharing information, developing a mutual understanding and facilitating a shared plan of client-centred care.</p>	
<p>Essential Competencies</p>	<p>Sub-Competencies</p>
<p>a. Communicate respectfully and effectively using appropriate modalities.</p>	<ul style="list-style-type: none"> i. Use language appropriate to the client and context, taking into account age, culture, linguistic abilities, education level, cognitive abilities and emotional state. ii. Employ environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, electronic). iii. Mitigate language barriers by using translators/interpreters, as required. iv. Recognize and respond to the client’s verbal and non-verbal communication. v. Use strategies to facilitate a mutual understanding of shared information. vi. Participate respectfully in challenging conversations.
<p>b. Maintain client documentation.</p>	<ul style="list-style-type: none"> i. Accurately document services provided and their outcomes. ii. Document informed consent. iii. Complete and disseminate documentation in a timely manner. iv. Comply with regulatory and legislative requirements related to documentation.

3. Role of Collaborator

Speech-language pathologists seek out and develop opportunities to work effectively with other professionals, the client and their family, caregiver, significant others and/or the community to achieve optimal client-centred care as well as continuity of care when clients change providers and/or caregivers.

Essential Competencies	Sub-Competencies
a. Establish and maintain effective collaborations to optimize client outcomes.	<ul style="list-style-type: none">i. Collaborate with the client during all stages of care.ii. Interact effectively with all team members.iii. Communicate one's professional roles, responsibilities and scope of practice in collaborative interactions with the client, caregivers and relevant professionals.iv. Recognize and respect the roles and perspectives of other individuals.v. Manage misunderstandings, limitations and conflicts to enhance collaborative practice.vi. Facilitate transfer of care within and across professions.

4. Role of Advocate

Speech-language pathologists use their expertise to advance the health and well-being of a client by assisting them to navigate the healthcare or educational system and access support and resources in a timely manner.

Essential Competencies	Sub-Competencies
a. Advocate for necessary services and resources that support an individual client.	<ul style="list-style-type: none">i. Identify and address the barriers that impede or prevent access to services and resources by the client, according to his or her goals.ii. Encourage the client's societal inclusion and participation.iii. Consult with the appropriate individual(s) and/or organization(s) to obtain available services and resources for the client.
b. Provide information and support to promote a client's self- advocacy.	<ul style="list-style-type: none">i. Identify and provide information and tools to assist the client, or SDM to access services and supports.ii. Enable the client to identify and address barriers that impede or prevent access to services and resources.

5. Role of Scholar

Speech-language pathologists demonstrate a lifelong commitment to professional learning and self-reflection, as well as to the creation, dissemination, application and translation of current evidence-informed knowledge related to the profession of speech-language pathology.

Essential Competencies	Sub-Competencies
a. Maintain currency of professional knowledge and performance in order to provide optimal care.	<ul style="list-style-type: none">i. Identify one's own professional strengths and areas for development.ii. Determine one's own goals for competency development.iii. Develop a plan and implement strategies for continued development in all seven competency roles.iv. Use appropriate resources to fulfill training needs (e.g., literature, continuing education, mentorship).
b. Share professional knowledge with others.	<ul style="list-style-type: none">i. Identify the need for education related to speech-language pathology services in other professionals, the client and/or caregivers and the community.ii. Identify and adapt to the appropriate level of content for the audience.iii. Provide information in an accessible manner to facilitate audience comprehension.

6. Role of Manager	
Essential Competencies	Sub-Competencies
a. Manage the clinical setting.	<ul style="list-style-type: none"> i. Balance competing demands to manage time, caseload, resources and priorities. ii. Apply appropriate precautions, risk management and infection control measures, as required. iii. Ensure equipment, materials, instruments, and devices are regularly calibrated, up to date and in good working condition, according to the required standards. iv. Identify opportunities to improve practice models within workplace settings. v. Participate in or lead quality improvement initiatives. vi. Address problems in one's clinical setting that are related to provincial or national accessibility standards for providing services to the public.
7. Role of Professional	
Speech-language pathologists are guided by a code of ethics, professional standards, regulatory requirements and a commitment to clinical competence in the service they provide to their clients.	
Essential Competencies	Sub-Competencies
a. Maintain professional demeanour in all clinical interactions and settings.	<ul style="list-style-type: none"> i. Maintain confidentiality. ii. Demonstrate professionalism in managing conflict. iii. Maintain personal and professional boundaries in relationships with clients, colleagues and other professionals. iv. Recognize and respond appropriately to the inherent power differential in the client-clinician relationship. v. Demonstrate professionalism in all communications, including those involving electronic platforms.
b. Practice ethically.	<ul style="list-style-type: none"> i. Adhere to professional code of ethics, as defined within one's jurisdiction. ii. Recognize and use critical judgment to respond to ethical issues encountered in practice. iii. Recognize and use critical judgment to respond to actual or perceived conflicts of interest. iv. Identify one's own biases, as they relate to the care of a client. v. Actively work to mitigate one's biases, as they relate to the care of a client. vi. If unable to overcome significant biases, provide the client with alternative options.
c. Adhere to professional standards and regulatory requirements.	<ul style="list-style-type: none"> i. Stay informed of and comply with professional standards and regulatory and legislative requirements within one's jurisdiction. ii. Practice within the profession's scope of practice and one's personal capabilities. iii. Comply with regulatory body requirements to maintain competency, as defined within one's jurisdiction.

Supervised Practice – Mid-Point 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:

--

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. Role of Expert	
1.1 Knowledge Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	
1.2 Clinical Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

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

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

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

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

6. Role of 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:
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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. Role of Expert	
1.1 Knowledge Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	
1.2 Clinical Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

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

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

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

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

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

7. Role of 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:

SAMPLE

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



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

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: Business Phone: Business Email:	
Supervisor(s)	Name: Business Phone: Business Email:	Name: Business Phone: Business Email:

Section 2 – Supervised Practice Overview			
Total Practice Hours Required:			
Start Date:		End Date:	
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 (which will be specific to each individual’s circumstance), as per the requirements stated in the <i>ACSLPA Registration Standards & Guidelines</i>. b. 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 outlined in the <i>Practice Competencies for Audiologists in Canada</i> (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. d. Specific requirements of the supervised practice period include the following: <ul style="list-style-type: none"> • the supervisor will review written reports, charting, etc. during the period of supervised practice. e. 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 		

	<p>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>f. Additional requirements for direct reading and related activities may be imposed in discussion with the registrant.</p>
Reporting:	<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 extend the period of supervised practice.</p> <p>The mid-point evaluation is due: The final evaluation is due:</p>
Agreement:	<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. <p>As a supervisor, I agree to:</p> <ul style="list-style-type: none"> • 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

SAMPLE

Section 4 – Practice Competencies for Audiologists in Canada

1. Role of Expert

Audiologists are able to apply their knowledge of auditory and vestibular development and disorders, together with their assessment and intervention skills to provide professional, client-centred care to individuals across the lifespan. This role is central to the function of audiologists.

1.1 Knowledge Expert

Essential Competencies	Sub-Competencies
a. Apply profession-specific knowledge to prevent, identify and manage auditory and vestibular disorders across the lifespan.	<ul style="list-style-type: none">i. Apply knowledge of the peripheral and central auditory system to prevent, identify, and manage auditory disorders across the lifespan.ii. Apply knowledge of the vestibular system to identify and manage vestibular disorders across the lifespan.iii. Apply knowledge of diagnostic procedures to the services provided to the client.iv. Apply knowledge of communication, auditory, and vestibular rehabilitation techniques and strategies to minimize the impact of auditory and vestibular disorders on the client.v. Apply knowledge of assessment and management of the acoustic and physical environment to prevent and/or minimize the impact of auditory or communication disorders.vi. Apply knowledge of instrumentation and technology to the management of auditory and vestibular disorders.
b. Apply basic knowledge from relevant fields that apply to communication, auditory and vestibular function across the lifespan.	<ul style="list-style-type: none">i. Integrate basic knowledge from relevant fields (e.g., human physiology, acoustics, electroacoustics, psychology) into clinical practice.
c. Apply knowledge of typical and disordered speech and language to the practice of audiology.	<ul style="list-style-type: none">i. Apply knowledge of typical and disordered speech and language to the service provided to clients, as applicable.
d. Use evidence and clinical reasoning to guide professional decisions	<ul style="list-style-type: none">i. Critically appraise research and other available evidence to inform clinical practice.ii. Integrate current leading evidence and clinical reasoning in clinical practice.

1.2 Clinical Expert	
e. Identify individuals requiring audiology services.	<ul style="list-style-type: none"> i. Collect and review information from relevant sources (e.g., referrals, reports, consultation) to determine an individual's need for an audiology assessment. ii. Manage and promote screening programs (e.g., infant, industrial, school) to identify individuals requiring audiology services.
f. Plan, conduct and adjust an assessment.	<ul style="list-style-type: none"> i. In partnership with the client, substitute decision-maker and family, as appropriate, collect and analyze pertinent personal information about the client (e.g., case history, client goals, expectations, motivations, needs, activity limitations, participation restrictions). ii. Collect and analyze pertinent information from external sources of information (e.g., previous reports, consultation) required to understand the client's situation. iii. Plan a valid, accurate and reliable assessment, selecting the tools, equipment and techniques that will address the unique needs of the client. iv. Conduct the assessment, modifying as necessary.
g. Analyze and interpret assessment results.	<ul style="list-style-type: none"> i. Interpret the assessment data using knowledge, skill and judgment. ii. Integrate the data and formulate a conclusion (e.g., regarding site of lesion, functionality, reliability, needs of the client).
h. Develop and share recommendations based on the assessment results.	<ul style="list-style-type: none"> i. Develop recommendations for intervention, including appropriate technology, modifications to the acoustic environment and/or referrals. ii. Discuss the assessment findings, recommendations and implications with the client and other relevant individuals and/or organizations.
i. Develop a realistic, evidence-informed, and measurable intervention plan.	<ul style="list-style-type: none"> i. Develop objectives for the intervention reflecting the client's goals, needs, values, expectations, and constraints. ii. Determine the resources and projected timelines required for the intervention. iii. Prioritize the intervention objectives. iv. Develop an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to address the goals identified in the assessment. v. Consult with others, as required. vi. Identify and recommend alternative services for a client whose needs are beyond the professional limitations of the audiologist. vii. Incorporate outcome measures into the intervention plan.

<p>j. Implement intervention plan.</p>	<ul style="list-style-type: none"> i. Prescribe technology, as appropriate to the client's needs. ii. Dispense technology safely and accurately, troubleshooting as necessary (including verification and validation procedures). iii. Provide the client and appropriate caregivers with education, training, treatment and counseling, as appropriate. iv. Manage and promote hearing conservation and hearing loss prevention programs. v. Demonstrate the appropriate use of equipment, instruments, and/or devices. vi. Refer to other health care or educational professionals as required.
<p>k. Monitor, adapt and/or redesign intervention plan based on the client's responses and needs.</p>	<ul style="list-style-type: none"> i. Evaluate the outcomes of the intervention on an ongoing basis. ii. Modify, limit or discontinue an intervention as appropriate. iii. Consult with the client when considering a change in the course of action. iv. Make referrals, and/or consult with other professionals, as required.
<p>l. Provide clinical direction and oversight to support personnel.</p>	<ul style="list-style-type: none"> i. Incorporate support personnel in clinical care to meet the clinical objectives, as appropriate to the clinical activity and jurisdiction. ii. Facilitate the integration of support personnel into the service model or employment context in a manner that is appropriate to their scope of practice. iii. Determine the capabilities of support personnel. iv. Provide tasks to support personnel based on their competencies. v. Provide the necessary training of support personnel. vi. Monitor and review the performance of support personnel.

2. Role of Communicator Audiologists facilitate the therapeutic relationship and exchanges that occur before, during and after each encounter. The competencies of this role are essential for establishing rapport and trust, sharing information, developing a mutual understanding and facilitating a shared plan of client-centred care.	
Essential Competencies	Sub-Competencies
a. Communicate respectfully and effectively using appropriate modalities.	<ul style="list-style-type: none"> i. Use language appropriate to the client and context, taking into account age, culture, linguistic abilities, education level, cognitive abilities and emotional state. ii. Employ environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, electronic). iii. Mitigate language barriers by using translators/interpreters, as required. iv. Recognize and respond to the client’s verbal and non-verbal communication. v. Use strategies to facilitate a mutual understanding of shared information. vi. Participate respectfully in challenging conversations.
b. Maintain client documentation.	<ul style="list-style-type: none"> i. Accurately document services provided and their outcomes. ii. Document informed consent. iii. Complete and disseminate documentation in a timely manner. iv. Comply with regulatory and legislative requirements related to documentation.
3. Role of Collaborator Audiologists seek out and develop opportunities to work effectively with other professionals, the client and their family, caregiver, significant others and/or the community to achieve optimal client-centred care as well as continuity of care when clients change providers and/or caregivers.	
Essential Competencies	Sub-Competencies
a. Establish and maintain effective collaborations to optimize client outcomes.	<ul style="list-style-type: none"> i. Collaborate with the client during all stages of care. ii. Interact effectively with all team members. iii. Communicate one's professional roles, responsibilities and scope of practice in collaborative interactions with the client, caregivers and relevant professionals. iv. Recognize and respect the roles and perspectives of other individuals. v. Manage misunderstandings, limitations and conflicts to enhance collaborative practice. vi. Facilitate transfer of care within and across professions.

4. Role of Advocate Audiologists use their expertise to advance the health and well-being of a client by assisting them to navigate the healthcare or educational system and access support and resources in a timely manner.	
Essential Competencies	Sub-Competencies
a. Advocate for necessary services and resources that support an individual client.	i. Identify and address the barriers that impede or prevent access to services and resources by the client, according to his or her goals. ii. Encourage the client’s societal inclusion and participation. iii. Consult with the appropriate individual(s) and/or organization(s) to obtain available services and resources for the client.
b. Provide information and support to promote a client’s self- advocacy.	i. Identify and provide information and tools to assist the client, or SDM to access services and supports. ii. Enable the client to identify and address barriers that impede or prevent access to services and resources.
5. Role of Scholar Audiologists demonstrate a lifelong commitment to professional learning and self-reflection, as well as to the creation, dissemination, application and translation of current evidence-informed knowledge related to the profession of audiology.	
Essential Competencies	Sub-Competencies
a. Maintain currency of professional knowledge and performance in order to provide optimal care.	i. Identify one’s own professional strengths and areas for development. ii. Determine one’s own goals for competency development. iii. Develop a plan and implement strategies for continued development in all seven competency roles. iv. Use appropriate resources to fulfill training needs (e.g., literature, continuing education, mentorship).
b. Share professional knowledge with others.	i. Identify the need for education related to audiology services in other professionals, the client and/or caregivers and the community. ii. Identify and adapt to the appropriate level of content for the audience. iii. Provide information in an accessible manner to facilitate audience comprehension.

6. Role of Manager	
Audiologists are integral participants in decisions relating to the service provided to clients in the healthcare or educational system. The decision process may involve co-workers, resources and organizational tasks.	
Essential Competencies	Sub-Competencies
a. Manage the clinical setting.	<ul style="list-style-type: none"> i. Balance competing demands to manage time, caseload, resources and priorities. ii. Apply appropriate precautions, risk management and infection control measures, as required. iii. Ensure equipment, materials, instruments, and devices are regularly calibrated, up to date and in good working condition, according to the required standards. iv. Identify opportunities to improve practice models within workplace settings. v. Participate in or lead quality improvement initiatives. vi. Address problems in one's clinical setting that are related to provincial or national accessibility standards for providing services to the public.
7. Role of Professional	
Audiologists are guided by a code of ethics, professional standards, regulatory requirements and a commitment to clinical competence in the service they provide to their clients.	
Essential Competencies	Sub-Competencies
a. Maintain professional demeanour in all clinical interactions and settings.	<ul style="list-style-type: none"> i. Maintain confidentiality. ii. Demonstrate professionalism in managing conflict. iii. Maintain personal and professional boundaries in relationships with clients, colleagues and other professionals. iv. Recognize and respond appropriately to the inherent power differential in the client-clinician relationship. v. Demonstrate professionalism in all communications, including those involving electronic platforms.
b. Practice ethically.	<ul style="list-style-type: none"> i. Adhere to professional code of ethics, as defined within one's jurisdiction. ii. Recognize and use critical judgment to respond to ethical issues encountered in practice. iii. Recognize and use critical judgment to respond to actual or perceived conflicts of interest. iv. Identify one's own biases, as they relate to the care of a client. v. Actively work to mitigate one's biases, as they relate to the care of a client. vi. If unable to overcome significant biases, provide the client with alternative options.
c. Adhere to professional standards and regulatory requirements.	<ul style="list-style-type: none"> i. Stay informed of and comply with professional standards and regulatory and legislative requirements within one's jurisdiction. ii. Practice within the profession's scope of practice and one's personal capabilities. iii. Comply with regulatory body requirements to maintain competency, as defined within one's jurisdiction.

Supervised Practice – Mid-Point 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:

--

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. Role of Expert	
1.1 Knowledge Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	
1.2 Clinical Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

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

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

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

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

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

7. Role of 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. Role of Expert	
1.1 Knowledge Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	
1.2 Clinical Expert	
Progress to Date	Observations, Comments and Recommendations
<input type="checkbox"/> Met evaluation criteria <input type="checkbox"/> Requires further development	

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

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

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

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

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

7. Role of 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:

SAMPLE

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