



This is a **SAMPLE** only. Please [contact the ACSLPA office](#) to have a personalized supervision plan and evaluation form created for your specific situation.

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 Handbook*. 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:	
Supervisor(s)	Name:	Name:

Section 2 – Supervised Practice Overview			
Start Date:		End Date:	
#Work Hours Scheduled/Week			
Definitions	<p>Direct Supervision: The supervisor is physically present within the environment or virtually present via real-time videoconferencing or audioconferencing. The supervisor is able to observe the supervisee carry out activities and can provide immediate feedback, as necessary.</p> <p>Indirect Supervision: The supervisor is not physically or virtually present when an activity is being carried out by the supervisee. The supervisor monitors and evaluates the supervisee’s performance of activities by reviewing audio/video recordings, written records, and/or through discussions with the supervisee, clients, family, team members, etc.</p>		
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 Handbook</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 Audiologists in Canada</i> (see rating scale for midterm and final evaluation). 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 include the following: <ul style="list-style-type: none"> The supervisor will review written reports, charting, etc. during the period of supervised practice. 		

	<p>e. Consistent with ACSLPA’s Standard of Practice 4.3 on Documentation and Information Management, indicator d. i and ii, “the name and professional designation of the person documenting information regarding the client (i.e., the supervisee) and the name and professional designation of the person taking professional responsibility for the work (i.e., the supervisor) must be documented in the client file. Formal documentation such as reports and letters may be written by the supervisee. The supervising SLP or audiologist should review the report, write or stamp their name, designation and that they have reviewed the report, and sign the report (e.g., this document has been read and reviewed by J. Jones, R.SLP/R.Aud).</p> <p>f. 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 50% combined direct and indirect supervision during the first week of the placement would not be uncommon, decreasing to a low of 5-10% of supervision during progressive weeks of the placement, depending on the registrant. A minimum of 25% 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>g. 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 accompanying 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:</p> <p>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.

As a supervisee, I agree to:

- Successfully complete ACSLPA’s jurisprudence modules and exam prior to embarking upon supervised practice. This will allow for an understanding of relevant Alberta legislation, regulations, and regulatory requirements prior to the commencement of practice in Alberta.
- 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.
- Contact the ACSLPA Deputy Registrar (deputyregistrar@acslpa.ca) if I have concerns about my experience during the supervised practice period.

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 transparency, fairness, objectivity, and impartiality toward the supervisee are maintained during the supervised practice period.
- 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



Supervised Practice Audiologist – Mid-Point Report to ACSLPA

Name of Registrant: _____

Supervisor(s): _____

Report Due Date: _____

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:	

Rating Scale

Please rate each sub-competency under “Progress to Date” using the rating scale outlined below. Be as honest and objective in your ratings as possible. A rating of “meets requirements with general guidance” or “does not meet requirements” on one or more sub-competencies does not necessarily imply unsuccessful completion of the supervised practice period. ACSLPA staff will follow up with supervisors where there are questions regarding supervised practice.

Meets Requirements (MR)	Meets Requirements with General Guidance (MR/G)	Does not Meet Requirements (DNMR)	Not Observed (NO)
<p>Is independent, competent, and efficient for the majority of tasks in familiar/routine situations; sometimes requires extra time.</p> <p>Seeks guidance intermittently for more complex situations.</p>	<p>Requires general guidance (e.g., cueing) for some tasks and specific guidance (e.g., direction, modeling) for some tasks: requires extra time for many tasks.</p> <p>Participates in tasks across a mix of familiar/routine and complex situations.</p>	<p>Requires specific guidance (e.g., direction, modeling) and extra time for most tasks and general guidance (e.g., cueing) for some tasks.</p> <p>Participates in tasks in familiar/routine situations; is beginning to participate in complex situations.</p>	<p>No opportunity to observe the supervisee participating in these tasks during the evaluation period.</p>

Evaluation of Practice Competencies (Audiologists):

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	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
a. Apply profession-specific knowledge to prevent, identify and manage auditory and vestibular disorders across the lifespan.	i. Apply knowledge of the peripheral and central auditory system to prevent, identify, and manage auditory disorders across the lifespan.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Apply knowledge of the vestibular system to identify and manage vestibular disorders across the lifespan.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Apply knowledge of diagnostic procedures to the services provided to the client.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Apply knowledge of communication, auditory, and vestibular rehabilitation techniques and strategies to minimize the impact of auditory and vestibular disorders on the client.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	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.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. Apply knowledge of instrumentation and technology to the management of auditory and vestibular disorders.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
b. Apply basic knowledge from relevant fields that apply to communication, auditory and vestibular function across the lifespan.	i. Integrate basic knowledge from relevant fields (e.g., human physiology, acoustics, electroacoustics, psychology) into clinical practice.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

c. Apply knowledge of typical and disordered speech and language to the practice of audiology.	i. Apply knowledge of auditory function, hearing loss and disorders of the auditory system to the service provided to clients, where applicable.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
d. Use evidence and clinical reasoning to guide professional decisions.	i. Critically appraise research and other available evidence to inform clinical practice.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Integrate current leading evidence and clinical reasoning in clinical practice.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

SAMPLE

1.2 Clinical Expert			
Essential Competencies	Sub-Competencies	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
e. Identify individuals requiring audiology services.	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.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Manage and promote screening programs (e.g., infant, industrial, school) to identify individuals requiring audiology services.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
f. Plan, conduct and adjust an assessment.	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).	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Collect and analyze pertinent information from external sources of information (e.g., previous reports, consultation) required to understand the client's situation.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Plan a valid, accurate and reliable assessment, selecting the tools, equipment and techniques that will address the unique needs of the client.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Conduct the assessment, modifying as necessary.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
g. Analyze and interpret assessment results.	i. Interpret the assessment data using knowledge, skill and judgment.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Integrate the data and formulate a conclusion (e.g., regarding site of lesion, functionality, reliability, needs of the client).	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
h. Develop and share recommendations based on assessment results.	i. Develop recommendations for intervention, including appropriate technology, modifications to the acoustic environment and/or referrals.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Discuss the assessment findings, recommendations and implications with the client and other relevant individuals and/or organizations.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

Essential Competencies	Sub-Competencies	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
i. Develop a realistic, evidence-informed and measurable intervention plan.	i. Develop objectives for the intervention reflecting the client’s goals, needs, values, expectations, and constraints.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Determine the resources and projected timelines required for the intervention.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Prioritize the intervention objectives.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Develop an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to address the goals identified in the assessment.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Consult with others, as required.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. Identify and recommend alternative services for a client whose needs are beyond the professional limitations of the audiologist.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vii. Incorporate outcome measures into the intervention plan.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
j. Implement an intervention plan.	i. Prescribe technology, as appropriate to the client’s needs.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Dispense technology safely and accurately, troubleshooting as necessary (including verification and validation procedures).	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Provide the client and appropriate caregivers with education, training, treatment and counseling, as appropriate.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Manage and promote hearing conservation and hearing loss prevention programs.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Demonstrate the appropriate use of equipment, instruments, and/or devices.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. Refer to other health care or educational professionals as required.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

Essential Competencies	Sub-Competencies	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
k. Monitor, adapt and/or redesign an intervention plan based on the client's responses and needs.	i. Evaluate the outcomes of the intervention on an ongoing basis.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Modify, limit or discontinue an intervention as appropriate.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Consult with the client when considering a change in the course of action.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Make referrals, and/or consult with other professionals, as required.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
l. Provide clinical direction and oversight to support personnel	i. Incorporate support personnel in clinical care to meet the clinical objectives, as appropriate to the clinical activity and jurisdiction.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	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.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Determine the capabilities of support personnel.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Provide tasks to support personnel based on their competencies.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Provide the necessary training of support personnel.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. Monitor and review the performance of support personnel.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

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	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
a. Communicate respectfully and effectively using appropriate modalities.	i. Use language appropriate to the client and context, taking into account age, culture, linguistic abilities, education level, cognitive abilities and emotional state.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	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).	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Mitigate language barriers by using translators/interpreters, as required.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Recognize and respond to the client's verbal and non-verbal communication.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Use strategies to facilitate a mutual understanding of shared information.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. Participate respectfully in challenging conversations.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
b. Maintain client documentation.	i. Accurately document services provided and their outcomes.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Document informed consent.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Complete and disseminate documentation in a timely manner.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Comply with regulatory and legislative requirements related to documentation.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

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	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
a. Establish and maintain effective collaborations to optimize client outcomes.	i. Collaborate with the client during all stages of care.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Interact effectively with all team members.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Communicate one's professional roles, responsibilities and scope of practice in collaborative interactions with the client, caregivers and relevant professionals.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Recognize and respect the roles and perspectives of other individuals.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Manage misunderstandings, limitations and conflicts to enhance collaborative practice.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. Facilitate transfer of care within and across professions.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

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	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
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 their goals.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Encourage the client's societal inclusion and participation.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Consult with the appropriate individual(s) and/or organization(s) to obtain available services and resources for the client.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
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.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Enable the client to identify and address barriers that impede or prevent access to services and resources.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

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	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
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.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Determine one's own goals for competency development.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Develop a plan and implement strategies for continued development in all seven competency roles.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Use appropriate resources to fulfill training needs (e.g., literature, continuing education, mentorship).	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
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.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Identify and adapt to the appropriate level of content for the audience.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Provide information in an accessible manner to facilitate audience comprehension.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

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	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
a. Manage the clinical setting.	i. Balance competing demands to manage time, caseload, resources and priorities.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Apply appropriate precautions, risk management and infection control measures, as required.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Ensure equipment, materials, instruments, and devices are regularly calibrated, up to date and in good working condition, according to the required standards.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Identify opportunities to improve practice models within workplace settings.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Participate in or lead quality improvement initiatives.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. Address problems in one's clinical setting that are related to provincial or national accessibility standards for providing services to the public.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

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	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
a. Maintain professional demeanour in all clinical interactions and settings.	i. Maintain confidentiality.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Demonstrate professionalism in managing conflict.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Maintain personal and professional boundaries in relationships with clients, colleagues and other professionals.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Recognize and respond appropriately to the inherent power differential in the client-clinician relationship.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Demonstrate professionalism in all communications, including those involving electronic platforms.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
b. Practice ethically.	i. Adhere to professional code of ethics, as defined within one's jurisdiction.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Recognize and use critical judgment to respond to ethical issues encountered in practice.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Recognize and use critical judgment to respond to actual or perceived conflicts of interest.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Identify one's own biases, as they relate to the care of a client.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Actively work to mitigate one's biases, as they relate to the care of a client.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. If unable to overcome significant biases, provide the client with alternative options.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
c. Adhere to professional standards and regulatory requirements.	i. Stay informed of and comply with professional standards and regulatory and legislative requirements within one's jurisdiction.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Practice within the profession's scope of practice and one's personal capabilities.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Comply with regulatory body requirements to maintain competency, as defined within one's jurisdiction.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

Summative Supervisor Comments (overall impressions):

--

Supervisee Comments (response to supervisor comments):

--

Supervisor

Name (print):	
Signature:	
Date:	

Supervisee

Name (print):	
Signature:	
Date:	



Supervised Practice Audiology – Final Report to ACSLPA

Name of Registrant: _____

Supervisor(s): _____

Report Due Date: _____

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:	

Rating Scale

Please rate each sub-competency under “Progress to Date” using the rating scale outlined below. Be as honest and objective in your ratings as possible. A rating of “meets requirements with general guidance” or “does not meet requirements” on one or more sub-competencies does not necessarily imply unsuccessful completion of the supervised practice period. ACSLPA staff will follow up with supervisors where there are questions regarding supervised practice.

Meets Requirements (MR)	Meets Requirements with General Guidance (MR/G)	Does not Meet Requirements (DNMR)	Not Observed (NO)
<p>Is independent, competent, and efficient for the majority of tasks in familiar/routine situations; sometimes requires extra time.</p> <p>Seeks guidance intermittently for more complex situations.</p>	<p>Requires general guidance (e.g., cueing) for some tasks and specific guidance (e.g., direction, modeling) for some tasks: requires extra time for many tasks.</p> <p>Participates in tasks across a mix of familiar/routine and complex situations.</p>	<p>Requires specific guidance (e.g., direction, modeling) and extra time for most tasks and general guidance (e.g., cueing) for some tasks.</p> <p>Participates in tasks in familiar/routine situations; is beginning to participate in complex situations.</p>	<p>No opportunity to observe the supervisee participating in these tasks during the evaluation period.</p>

Evaluation of Practice Competencies (Audiology):

1. Role of Expert

Audiologists 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 audiologists.

1.1 Knowledge Expert

Essential Competencies	Sub-Competencies	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
a. Apply profession-specific knowledge to prevent, identify and manage auditory and vestibular disorders across the lifespan.	i. Apply knowledge of the peripheral and central auditory system to prevent, identify, and manage auditory disorders across the lifespan.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Apply knowledge of the vestibular system to identify and manage vestibular disorders across the lifespan.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Apply knowledge of diagnostic procedures to the services provided to the client.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Apply knowledge of communication, auditory, and vestibular rehabilitation techniques and strategies to minimize the impact of auditory and vestibular disorders on the client.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	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.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. Apply knowledge of instrumentation and technology to the management of auditory and vestibular disorders.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
b. Apply basic knowledge from relevant fields that apply to communication auditory and vestibular function across the lifespan.	i. Integrate basic knowledge from relevant fields (e.g., human physiology, acoustics, electroacoustics, psychology) into clinical practice.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

c. Apply knowledge of typical and disordered speech and language to the practice of audiology.	i. Apply knowledge of typical and disordered speech and language to the service provided to clients, as applicable.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
d. Use evidence and clinical reasoning to guide professional decisions.	i. Critically appraise research and other available evidence to inform clinical practice.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Integrate current leading evidence and clinical reasoning in clinical practice.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

SAMPLE

1.2 Clinical Expert			
Essential Competencies	Sub-Competencies	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
e. Identify individuals requiring audiology services.	i. Collect and review information from relevant sources (e.g., referrals, reports, consultation) to determine an individual's need for an audiology assessment.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Manage and promote screening programs (e.g., infant, industrial, school) to identify individuals requiring audiology services.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
f. Plan, conduct and adjust an assessment.	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).	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Collect and analyze pertinent information from external sources of information (e.g., previous reports, consultation) required to understand the client's situation.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Plan a valid, accurate and reliable assessment, selecting the tools, equipment and techniques that will address the unique needs of the client.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Conduct the assessment, modifying as necessary.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
g. Analyze and interpret assessment results.	i. Interpret the assessment data using knowledge, skill and judgment.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Integrate the data and formulate a conclusion (e.g., regarding site of lesion, functionality, reliability, needs of the client).	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
h. Develop and share recommendations based on assessment results.	i. Develop recommendations for intervention, including appropriate technology, modifications to the acoustic environment and/or referrals.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Discuss the assessment findings, recommendations and implications with the client and other relevant individuals and/or organizations.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

Essential Competencies	Sub-Competencies	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
i. Develop a realistic, evidence-informed and measurable intervention plan.	i. Develop objectives for the intervention reflecting the client’s goals, needs, values, expectations, and constraints.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Determine the resources and projected timelines required for the intervention.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Prioritize the intervention objectives.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Develop an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to address the goals identified in the assessment.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Consult with others, as required.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. Identify and recommend alternative services for a client whose needs are beyond the professional limitations of the audiologist.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vii. Incorporate outcome measures into the intervention plan.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
j. Implement an intervention plan.	i. Prescribe technology, as appropriate to the client’s needs.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Dispense technology safely and accurately, troubleshooting as necessary (including verification and validation procedures).	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Provide the client and appropriate caregivers with education, training, treatment and counseling, as appropriate.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Manage and promote hearing conservation and hearing loss prevention programs.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Demonstrate the appropriate use of equipment, instruments, and/or devices.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. Refer to other health care or educational professionals as required.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

Essential Competencies	Sub-Competencies	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
k. Monitor, adapt and/or redesign an intervention plan based on the client's responses and needs.	i. Evaluate the outcomes of the intervention on an ongoing basis.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Modify, limit or discontinue an intervention as appropriate.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Consult with the client when considering a change in the course of action.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Make referrals, and/or consult with other professionals, as required.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
l. Provide clinical direction and oversight to support personnel	i. Incorporate support personnel in clinical care to meet the clinical objectives, as appropriate to the clinical activity and jurisdiction.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	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.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Determine the capabilities of support personnel.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Provide tasks to support personnel based on their competencies.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Provide the necessary training of support personnel.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. Monitor and review the performance of support personnel.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

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	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
a. Communicate respectfully and effectively using appropriate modalities.	i. Use language appropriate to the client and context, taking into account age, culture, linguistic abilities, education level, cognitive abilities and emotional state.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	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).	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Mitigate language barriers by using translators/interpreters, as required.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Recognize and respond to the client's verbal and non-verbal communication.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Use strategies to facilitate a mutual understanding of shared information.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. Participate respectfully in challenging conversations.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
b. Maintain client documentation.	i. Accurately document services provided and their outcomes.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Document informed consent.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Complete and disseminate documentation in a timely manner.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Comply with regulatory and legislative requirements related to documentation.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

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	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
a. Establish and maintain effective collaborations to optimize client outcomes.	i. Collaborate with the client during all stages of care.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Interact effectively with all team members.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Communicate one's professional roles, responsibilities and scope of practice in collaborative interactions with the client, caregivers and relevant professionals.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Recognize and respect the roles and perspectives of other individuals.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Manage misunderstandings, limitations and conflicts to enhance collaborative practice.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. Facilitate transfer of care within and across professions.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

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	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
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 their goals.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Encourage the client's societal inclusion and participation.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Consult with the appropriate individual(s) and/or organization(s) to obtain available services and resources for the client.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
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.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Enable the client to identify and address barriers that impede or prevent access to services and resources.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

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	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
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.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Determine one's own goals for competency development.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Develop a plan and implement strategies for continued development in all seven competency roles.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Use appropriate resources to fulfill training needs (e.g., literature, continuing education, mentorship).	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
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.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Identify and adapt to the appropriate level of content for the audience.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Provide information in an accessible manner to facilitate audience comprehension.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

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	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
a. Manage the clinical setting.	i. Balance competing demands to manage time, caseload, resources and priorities.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Apply appropriate precautions, risk management and infection control measures, as required.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Ensure equipment, materials, instruments, and devices are regularly calibrated, up to date and in good working condition, according to the required standards.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Identify opportunities to improve practice models within workplace settings.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Participate in or lead quality improvement initiatives.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. Address problems in one's clinical setting that are related to provincial or national accessibility standards for providing services to the public.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

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	Progress to Date	Provide rationale to address any areas of weakness identified; provide examples & recommendations for change as required.
a. Maintain professional demeanour in all clinical interactions and settings.	i. Maintain confidentiality.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Demonstrate professionalism in managing conflict.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Maintain personal and professional boundaries in relationships with clients, colleagues and other professionals.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Recognize and respond appropriately to the inherent power differential in the client-clinician relationship	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Demonstrate professionalism in all communications, including those involving electronic platforms.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
b. Practice ethically.	i. Adhere to professional code of ethics, as defined within one's jurisdiction.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Recognize and use critical judgment to respond to ethical issues encountered in practice.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Recognize and use critical judgment to respond to actual or perceived conflicts of interest.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iv. Identify one's own biases, as they relate to the care of a client.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	v. Actively work to mitigate one's biases, as they relate to the care of a client.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	vi. If unable to overcome significant biases, provide the client with alternative options.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
c. Adhere to professional standards and regulatory requirements.	i. Stay informed of and comply with professional standards and regulatory and legislative requirements within one's jurisdiction.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	ii. Practice within the profession's scope of practice and one's personal capabilities.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	
	iii. Comply with regulatory body requirements to maintain competency, as defined within one's jurisdiction.	<input type="checkbox"/> MR <input type="checkbox"/> MR/G <input type="checkbox"/> DNMR <input type="checkbox"/> NO	

Other Supervisor Comments (overall impressions):

Supervisee Comments (response to supervisor comments):

Supervisor

Please check one:

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

Name (print):	
Signature:	
Date:	

Supervisee

Name (print):	
Signature:	
Date:	

Approval by ACSLPA to remove supervision condition:

Deputy Registrar

Date