

Attachment F-1: Mentor's Observation Form

Date Mentoring Began: _____

Name of Applicant: _____

Name & Designation of LSLS Mentor: _____

Date of Observation: _____ Length of observed session: _____

Session Number: _____ Type of Session: _____

Child/Client's Initials: _____ Age: _____ Device: _____

Parent/Caregiver Present: _____ Yes _____ No (communication documentation must be received by mentor)

Other Relevant Information: _____

KEY

N/A	Not Applicable during this particular session
N/O	This skill is emerging, and was not observed in the session although opportunity was present
E	This skill was observed at least once during this session
M	This skill has been observed multiple times in multiple situations without prompting (mastered)

PLANNING:

1. _____ Develops long-term instructional goals
2. _____ Writes short term goals that are specific and measurable
3. _____ Develops a lesson plan that is individualized for child/client goals
4. _____ Plans lessons with appropriate activities
5. _____ Chooses appropriate strategies to use during the lesson
6. _____ Plans for parent guidance/engagement
7. _____ Plans ideas for carryover of goals into daily experience

Comments:

SETTING:

1. _____ Chooses and organizes materials/activities appropriately
2. _____ Positions self and others to maximize auditory input
3. _____ Creates a favorable acoustic environment
4. _____ Creates a favorable learning environment that is conducive to learning
5. _____ Completes a listening check to assure the proper function and use of hearing technology

Comments:

AUDITION:

1. Maximizes auditory learning:
 - a. _____ Provides input primarily through audition
 - b. _____ Uses auditory strategies where appropriate
 - c. _____ Looks for child/client's auditory attention
 - d. _____ Moves in closer to microphone of child/client's equipment
2. _____ Uses appropriate acoustic highlighting
3. _____ Applies knowledge of speech acoustics:
 - a. _____ Considers the child's/client's audiological and speech perception information
 - b. _____ Collaborates with the child/client's audiologist to maximize access to the entire speech spectrum
4. _____ Demonstrates thorough knowledge of auditory hierarchies both in planning and implementation
5. _____ Promotes integration of listening and spoken language into activities
6. _____ Develops auditory feedback loop
7. _____ Uses Wait Time for the child/client's processing of input

Comments:

LANGUAGE:

1. Uses appropriate strategies and techniques to model language:
 - a. _____ Provides abundant meaningful input (bathing the child/client in language)
 - b. _____ Provides input in complete, correctly structured phrases
 - c. _____ Models language slightly above child/client's level of use
 - d. _____ Uses indirect language stimulation techniques
 - i. _____ Expansion
 - ii. _____ Self-Talk
 - iii. _____ Parallel Talk
 - iv. _____ Follows child/client's lead
2. Uses the appropriate strategies and techniques to elicit and prompt for language:
 - a. _____ Uses wait time to encourage the child/client to talk (and process)
 - b. _____ Provides choices and asks open ended questions rather than yes/no questions
 - c. _____ Responds to what the child/client says rather than what he/she meant
 - d. _____ Uses an expectant look to encourage the child/client to respond
 - e. _____ Uses sabotage techniques
3. _____ Demonstrates knowledge of language hierarchies of development both in planning and implementation
4. _____ Provides multiple opportunities for language learning/ use in conversational situations
5. _____ Encourages conversation slightly above the child/client's level

Comments:

SPEECH:

1. _____ Accepts/corrects child/client’s production appropriately in spontaneous conversation for verbal children and in vocalizations for pre-verbal children
2. _____ Demonstrates thorough knowledge of speech development both in planning and implementation
3. _____ Maximizes speech production in appropriate daily practice (phonetic, phonologic)
4. Uses audition to elicit speech sounds:
 - a. _____ Highlights phonemes as necessary and appropriate
 - b. _____ Models normal patterns of articulation
 - c. _____ Provides abundant auditory input for developmentally appropriate phonemes
 - d. _____ Provides opportunities to practice articulation targets many times
 - e. _____ Develops the child’s auditory feedback loop

Comments:

LITERACY:

1. _____ Promotes early literacy by incorporating literacy materials on a regular basis
2. _____ Chooses appropriate books for the child’s age and state of development
3. _____ Develops a child’s phonemic awareness by including word play and sound play in lessons
4. _____ Utilizes a variety of read aloud strategies
5. _____ Demonstrates knowledge of typical development of letter awareness in young children
6. _____ Develops child’s curiosity in print forms and writing.
7. _____ Promotes modeling reading for enjoyment in the home on a daily basis

Comments:

GENERAL:

1. _____ Uses appropriate voice and speech patterns (volume, pitch, rate)
2. _____ Maintains appropriate pacing
3. _____ Manages behavior effectively and transfers behavior management skills to the parents
4. _____ Adjusts teaching activities/ strategies in accordance with child/client's responses (Diagnostic Teaching)
5. _____ Uses a variety of LSL Strategies throughout session

Comments:

PARENT GUIDANCE/COACHING AND PARTICIPATION:

1. _____ Engages parent(s) according to the parent's learning style
2. _____ Uses a respectful and encouraging manner
3. Plans, provides time and is responsive to parent(s)
 - a. _____ Listens to parents' input/concerns and answers their questions
 - b. _____ Partners with parents to set goals and develop lessons
4. _____ Accommodates for different family structures and diversities
5. _____ Provides parents with information and coaches parents using specific/strategies techniques
6. _____ Provides timely, authentic feedback
7. _____ Demonstrates use of open-ended questions and empathy
8. Organizes session to support participation and engagement:
 - a. _____ States goal clearly to parent before activity begins
 - b. _____ Names and models strategies clearly
 - c. _____ Models activity and then turns it over to parent
 - d. _____ Provides specific feedback to encourage parents
 - e. _____ Guides/communicates ideas for home carry-over of goals with parents

PARENT GUIDANCE/COACHING AND PARTICIPATION: (continued):

9. If parent/caregiver is not present in the session:

- _____ Provides documentation of communication to parents
- _____ Develops method for relaying short term learning objectives to parents
- _____ Provides parents with a method for communicating their questions
- _____ Provides carry-over ideas for the home environment
- _____ Provides strategies for developing listening and spoken language in the home
- _____ Offers hands on parent training/coaching related to the session

Comments:

PROFESSIONAL QUALITIES & LONG TERM GOALS *(As needed/ not required every session to document):*

1. _____ Maintains accurate progress notes by collecting individual data on progress in all learning domains
2. _____ Prepares quality progress reports based on standardized assessments, appropriate checklists, personal and parent observations across all core skill areas
3. _____ Provides parents and professionals with clear, comprehensible information regarding assessments and interpretations of informal and standardized evaluations
4. _____ Self-evaluates and adapts as required
5. _____ Responds appropriately to observation and feedback
6. _____ Coordinates and collaborates with colleagues, parents and other professionals
7. _____ Promotes practice of appropriate audiological management following AG Bell's Recommended Protocol for Audiological Assessment, Hearing Aid, Cochlear Implant Evaluation, and Follow-Up
8. _____ Provides Intervention Consistent with the Principles of Listening and Spoken Language Specialists

Comments:

Overall Strengths for this session:

Goals/Recommendations for next session:

Signature of Applicant

Date

Signature of LSLS mentor completing this form

Date

I have reviewed the Principles of AVT and AVEd practice with this mentee

LSLS Mentor Initials

Duplicate this form as necessary (see Appendix 9). A total of 20 evaluation forms are mandatory (one for each mentored session).

I attest that the information disclosed on this form is correct, accurate and complete, and made in good faith. I understand that the Academy reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of the professional seeking certification's application, revocation of my certification or other disciplinary action.

Signature of LSLS mentor completing this form

Date