

Attachment F-1: M

Date Mentoring Began: ●

This date officially begins the mentoring process. A mentee will have 1 calendar year from this date to complete a minimum of 3 mentored sessions. A mentee has 3-5 years from this date to complete all 20 mentored sessions. The first F-1 form (documenting the first mentored session) must be completed any time within 6 months of this date.

Name of Applicant: _____

Name & Designation of LSLM Mentor: _____

Date of Observation: _____ Length of observed session: ●

Sessions should be approximately one hour in length. In the event that there are two 30 minute sessions, there should still be only one F-1 for a combined total of 60 minutes.

Session Number: _____

Type of Session: ●

Indicate if the session is AVT or AVEd

Child/Client's Initials: _____

Age: _____

Device: _____

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

Other Relevant Information: ●

Any information that the mentor finds beneficial to this particular session may be included here. Information regarding a change in mentors should be included here. Mentors may want to include details of the setting of the mentored session (home, clinic, school setting, community setting, etc).

KEY

N/A	Not Applicable (During this particular session)
N/O	Not Observed (This skill may be emerging, but was not observed in the session although opportunity was present)
E	Emerging (This skill was observed at least once during this session)
P	Progressing (This skill was observed and is in progress)
M	Mastered (This skill has been observed multiple times in multiple situations)

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:

Any information that is relevant to this section should be included here. This could include questions to discuss, suggestions for the mentee, or concerns the mentor may have regarding this area of development. Areas of strength could also be included in this section. Comments are often utilized to create goals at the end of this document.

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

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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

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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

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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

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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

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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

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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:

Please note this section is for mentees who are AVEEd

- _____ 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

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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

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Overall Strengths for this session:

The information included in this section is left to the discretion of the mentor. One practice that can be beneficial is to include in this section those strengths that the mentee has identified in their own practice.

Goals/Recommendations for next session:

This section is meant to encourage discussion between the mentor and mentee about chosen goals for the mentee's growth in identified skill areas. Writing S.M.A.R.T. (specific, measurable, attainable, relevant, timely) goals with the mentee and including the decided upon goal in this section is one way to increase accountability for both the mentee and the mentor.

If the mentor is concerned about the progress of the mentee, the mentor is advised to include this information in this section and have a conversation with the mentee about the noted concerns.

Signature of Applicant

Date

***Please note both AVT and AVEd
Principles should be reviewed***

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