



SLP Clinical Fellow's Name \_\_\_\_\_ (please print)

**Section 6. SLPCF Skills Rating Chart Instructions for the SLPCF Mentor**

- ▶ Circle the rating that corresponds to each skill. See the Clinical Fellowship Skills Inventory for a description of each skill.
- ▶ Rate the clinical fellow on 18 skills, using the N/A (Not Applicable) rating only for skills 13 and 18.
- ▶ Discuss the ratings with the SLP Clinical Fellow.
- ▶ Ensure each segment is equal to one-third of the CF experience. **\*The core skills for SLP are 2-5, 8-11, and 14-17.**

SEGMENT 1		SEGMENT 2		SEGMENT 3	
Beginning date _____ Ending date _____		Beginning date _____ Ending date _____		Beginning date _____ Ending date _____	
<i>SLP Skills</i>	<i>Ratings</i>	<i>SLP Skills</i>	<i>Ratings</i>	<i>SLP Skills</i>	<i>Ratings</i>
1	5 4 3 2 1	1	5 4 3 2 1	1	5 4 3 2 1
2*	5 4 3 2 1	2*	5 4 3 2 1	2*	5 4 3 2 1
3*	5 4 3 2 1	3*	5 4 3 2 1	3*	5 4 3 2 1
4*	5 4 3 2 1	4*	5 4 3 2 1	4*	5 4 3 2 1
5*	5 4 3 2 1	5*	5 4 3 2 1	5*	5 4 3 2 1
6	5 4 3 2 1	6	5 4 3 2 1	6	5 4 3 2 1
7	5 4 3 2 1	7	5 4 3 2 1	7	5 4 3 2 1
8*	5 4 3 2 1	8*	5 4 3 2 1	8*	5 4 3 2 1
9*	5 4 3 2 1	9*	5 4 3 2 1	9*	5 4 3 2 1
10*	5 4 3 2 1	10*	5 4 3 2 1	10*	5 4 3 2 1
11*	5 4 3 2 1	11*	5 4 3 2 1	11*	5 4 3 2 1
12	5 4 3 2 1	12	5 4 3 2 1	12	5 4 3 2 1
13	5 4 3 2 1 N/A	13	5 4 3 2 1 N/A	13	5 4 3 2 1 N/A
14*	5 4 3 2 1	14*	5 4 3 2 1	14*	5 4 3 2 1
15*	5 4 3 2 1	15*	5 4 3 2 1	15*	5 4 3 2 1
16*	5 4 3 2 1	16*	5 4 3 2 1	16*	5 4 3 2 1
17*	5 4 3 2 1	17*	5 4 3 2 1	17*	5 4 3 2 1
18	5 4 3 2 1 N/A	18	5 4 3 2 1 N/A	18	5 4 3 2 1 N/A
SLPCF Mentor's Signature: _____ Clinical Fellow's Signature: _____ Date of Feedback Session: _____		SLPCF Mentor's Signature: _____ Clinical Fellow's Signature: _____ Date of Feedback Session: _____		SLPCF Mentor's Signature: _____ Clinical Fellow's Signature: _____ Date of Feedback Session: _____	

**Section 7. SLPCF Mentor's Recommendations and Verification of Information**

- Yes  No I recommend that the SLPCF experience documented on this form be accepted by the CFCC as meeting the requirements for the CCC-SLP. (If No, attach a rationale and documentation for your answer.)
- Yes  No I affirm that there were at least 12 supervisory activities during each segment of the SLPCF, including 6 hours of on-site observations of direct client contact and 6 other mentoring activities. (If No, attach explanation)
- Yes  No I affirm that alternative methods of observation/mentoring activities were not used. (If alternative methods of observation/mentoring activities were used, prior approval was obtained from the CFCC before using those alternative methods.)

**Section 8. Signatures of SLPCF Mentor and SLP Clinical Fellow**

We, the SLPCF Mentor and the SLP Clinical Fellow, verify that we have discussed this report. We have verified that the mentor's certification was current throughout the CF experience. We verify that we have completed the required evaluations. We further verify that we are not related in any manner.

Signature of SLPCF Mentor \_\_\_\_\_ Date \_\_\_\_\_

Signature of SLP Clinical Fellow \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: This report must be signed/submitted AFTER the end date of the experience reported on this form. If it is signed prior to the end date, it will be returned and will delay the processing of your application for certification.**