CIT Intern Report on Mentor – SPEECH LANGUAGE THERAPIST

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| Intern’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mentor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | [ ]  First Intern Report on Mentor [ ]  Second Intern Report on Mentor |

Please briefly describe in the box below how your CIT Mentor has supported you during your internship. As part of your narrative, please include specific examples of support and/or any specific areas in which you would like additional mentor support. If you need more space, please use another sheet of paper. On the back of this form, indicate specific mentoring activities your mentor has done to support you.

If you have concerns that you would prefer to share confidentially with the CIT Director, please contact the CIT Office (585-262-8541, CIT@rcsdk12.org).

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**Please complete page two of this form.**

**Please place an ‘X’ in the small boxes next to the activities your mentor has done to support you.**

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|  | **PLANNING AND PREPARATION** |
|  | Reviewed student folders (Speech blue folders) for pertinent documents prior to planning therapy |
|  | Helped to establish therapy schedule and process for caseload management |
|  | Helped to set incremental objectives toward achieving program goals |
|  | Assisted with locating or securing materials in the building and/or therapy space |
|  | Reviewed Speech Language Department on-line resources (Google Drive) |
|  | Reviewed CSE/AR procedures ensure compliance |
|  | Provided feedback on therapy plans and program evaluation plans |
|  | Provided guidance with Speech Language paperwork including: evaluation reports/assessments, lesson plans, written orders |

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|  | **CLASSROOM ENVIRONMENT** |
|  | Collaborated/Consulted about ways to create an environment of respect and rapport |
|  | Discussed/Reviewed procedures and appropriate responses to referrals |
|  | Suggested routines and procedures that support student learning |
|  | Suggested therapeutic materials and activities relevant to speech therapy |
|  | Suggested ways to manage student behavior |
|  | Suggested ways to organize physical space to promote learning |

## Intern’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Mentor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Mentors should turn in this signed form with the signed Intern Status Report to the CIT Office, CO-2***

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|  | **DELIVERY OF SERVICE** |
|  | Reviewed samples or feedback for Speech/Language reports/evaluations |
|  | Suggested ways to implement IEP goals into lessons |
|  | Discussed necessary permission and parent consent for services and notification of progress regarding therapy  |
|  | Suggested ways to use assessment and data collection regularly during instruction to develop therapy activities |
|  | Suggested strategies for engaging students in therapy sessions |
|  | Provided feedback for writing new therapy goals  |
|  | Helped to obtain information on Frontline and PowerSchool |
|  | Helped to develop IEP as needed |
|  | Modeled or participated in a therapy session/lesson |

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|  | **PROFESSIONAL RESPONSIBILITIES** |
|  | Asked me questions to help me assess the effectiveness of lessons and to help me reflect on ways to enhance lessons |
|  | Discussed procedures for maintaining accurate records  |
|  | Encouraged and suggested ways to participate in school and department projects/activities |
|  | Recommended professional development to enhance content knowledge and pedagogical skill |
|  | Encouraged collaboration with colleagues |
|  | Suggested ways to communicate/involve families to support progress in therapy |
|  | Encouraged and suggested ways to collaborate with teachers and staff regarding speech language needs of the students |

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| The frequency of visits and contacts from my mentor[ ]  is consistently appropriate to my needs.[ ]  is appropriate to my needs most of the time.[ ]  is more frequent than I feel is necessary.[ ]  is not frequent enough to meet my needs. I need my mentor to visit and contact me more often. | My mentor provides written feedback (Feedback Forms and other written feedback) [ ]  regularly, and it is helpful (highlights positives, focuses our efforts, identifies next steps, etc.).[ ]  sometimes, and it is helpful.[ ]  regularly or sometimes, but it is not particularly helpful.[ ]  sporadically, not very often, and/or not at all. |

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