

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

APRIL 2021

Licensee's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL			
Articulation Therapy																																			
Language Therapy																																			
Other Therapy																																			
Speech/Language Screening																																			
Hearing Screening																																			
Parent/Family/Teacher Conf																																			

Indirect Supervision

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL			
Review of client folders																																			
Telephone Conference																																			
Record-Keeping																																			
In-service/Staffing																																			
Chk Maintenance of Equipment																																			
Scheduling/Planning																																			
Consultation																																			

I hereby attest that the supervision documented for this month is true and correct, and that the supervision represented actually occurred. I understand that supervision records must be kept for a period of 3 years by the supervisor and supervisee and that the Board may request such documentation.

Supervisor Signature	License #	Supervisee Signature	License #
Supervisor's Printed Name		Supervisee's Printed Name	
Supervisor's Address		Supervisee's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

May 2021

Licensee's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL		
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Indirect Supervision

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Supervisor Signature _____ License # _____		Supervisee Signature _____ License # _____	
Supervisor's Printed Name _____		Supervisee's Printed Name _____	
Supervisor's Address _____		Supervisee's Address _____	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

June 2021

Licensee's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Language Therapy					■	■						■	■						■	■					■	■								■					
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Indirect Supervision

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Scheduling/Planning					■	■						■	■						■	■					■	■																	■		
Consultation					■	■						■	■						■	■					■	■																		■	

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Supervisor Signature	License #	Supervisee Signature	License #
Supervisor's Printed Name		Supervisee's Printed Name	
Supervisor's Address		Supervisee's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

July 2021

Licensee's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Supervisor Signature	License #	Supervisee Signature	License #
Supervisor's Printed Name		Supervisee's Printed Name	
Supervisor's Address		Supervisee's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

August 2021

Licensee's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Supervisor Signature _____ License # _____		Supervisee Signature _____ License # _____	
Supervisor's Printed Name _____		Supervisee's Printed Name _____	
Supervisor's Address _____		Supervisee's Address _____	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

September 2021

Licensee's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Supervisor Signature	License #	Supervisee Signature	License #
Supervisor's Printed Name		Supervisee's Printed Name	
Supervisor's Address		Supervisee's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

October 2021

Licensee's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Supervisor's Printed Name		Supervisee's Printed Name	
Supervisor's Address		Supervisee's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

November 2021

Licensee's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Indirect Supervision

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Supervisor Signature	License #	Supervisee Signature	License #
Supervisor's Printed Name		Supervisee's Printed Name	
Supervisor's Address		Supervisee's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

December 2021

Licensee's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Supervisor Signature	License #	Supervisee Signature	License #
Supervisor's Printed Name		Supervisee's Printed Name	
Supervisor's Address		Supervisee's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

January 2022

Licensee's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Supervisor Signature _____ License # _____		Supervisee Signature _____ License # _____	
Supervisor's Printed Name _____		Supervisee's Printed Name _____	
Supervisor's Address _____		Supervisee's Address _____	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

February 2021

Licensee's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
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Language Therapy					■	■						■	■						■	■						■	■		■	■	■	
Other Therapy					■	■						■	■						■	■						■	■		■	■	■	
Speech/Language Screening					■	■						■	■						■	■						■	■		■	■	■	
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Indirect Supervision

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Supervisor Signature	License #	Supervisee Signature	License #
Supervisor's Printed Name		Supervisee's Printed Name	
Supervisor's Address		Supervisee's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

March 2022

Licensee's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Supervisor Signature	License #	Supervisee Signature	License #
Supervisor's Printed Name		Supervisee's Printed Name	
Supervisor's Address		Supervisee's Address	

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

April 2022

Licensee's Name: _____ **License No.** _____
Place of Employment: _____ **Work Setting:** _____
Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less) 9 month employee 12 month employee

Direct Supervision

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Supervisor Signature _____ License # _____		Supervisee Signature _____ License # _____	
Supervisor's Printed Name _____		Supervisee's Printed Name _____	
Supervisor's Address _____		Supervisee's Address _____	