### SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Supervisee's Name:_														L	_ice	ense	No	·												Ju	iy ∠	2023
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Other Therapy																														Î		
Speech/Language Screening																																
Hearing Screening																																
Parent/Family/Teacher Conf																																

#### **Indirect Supervision**

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Telephone Conference																																
Record-Keeping																																
Scheduling/Planning																																
Consultation																																

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

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### SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Supervisee's Name:_ Place of Employment Work Setting:																ense									A	cce	pta	ble	Fo	rma	ttin	g
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Supervisee's Printed Name		Supervisor's Printed Name	
Supervisee's Address		Supervisor's Address	

# August 2022

### SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Supervisee's Name:_															I	_ice	nse	No	-											,	Seh	ιZ	023
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Supervisee's Address		Supervisor's Address	

### Sant 2022

### SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Oct 2022

Supervisee's Name:_															Lice	ense	) No	)												U		202	23
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Supervisee's Address		Supervisor's Address	

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### Nov 2023

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Supervisee's Name:_															Lice	ense	No													De		2023
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Supervisee's Printed Name		Supervisor's Printed Name	
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Supervisee's Name:_															Lice	ense	e No	·												ქ	an 2	202	4
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Supervisee's Address		Supervisor's Address	

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Parent/Family/Teacher Conf

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nature Licer	se # Si	Supervisor's Signature	License #
ated Name	C.	Superviser's Drinted Name	
iteu name	51	supervisor s Finned Name	
	-		
dress	Si	Supervisor's Address	
nted Name dress		Supervisor's Printed Name Supervisor's Address	

### Feb 2024

### SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Supervisee's Name:_ Place of Employment																ense	e No	)							Α	cce	pta	ble			attin	_	
Work Setting:			ll tim nont				urs)							0 ho nplo			ss)								15 m 30 m				•		nins = hr =		5
												Dire	ect	Sup	erv	isio	n																
	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	т	OTAL
Articulation Therapy	1											1							1				$\overline{\prime\prime}$										
Language Therapy																																	
Other Therapy											1																						
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
															$\square$																
	1			1  2  3  4	1  2  3  4  5	1  2  3  4  5  6	1  2  3  4  5  6  7	1  2  3  4  5  6  7  8	1  2  3  4  5  6  7  8  9    .  .  .  .  .  .  .  .  .    .  .  .  .  .  .  .  .    .  .  .  .  .  .  .    .  .  .  .  .  .  .    .  .  .  .  .  .  .    .  .  .  .  .  .  .	1  2  3  4  5  6  7  8  9  10    .  .  .  .  .  .  .  .  .  .    .  .  .  .  .  .  .  .  .    .  .  .  .  .  .  .  .  .    .  .  .  .  .  .  .  .    .  .  .  .  .  .  .	1  2  3  4  5  6  7  8  9  10  11    .  .  .  .  .  .  .  .  .  .    .  .  .  .  .  .  .  .  .  .    .  .  .  .  .  .  .  .  .  .    .  .  .  .  .  .  .  .  .  .    .  .  .  .  .  .  .  .  .  .    .  .  .  .  .  .  .  .  .  .    .  .  .  .  .  .  .  .  .  .	1    2    3    4    5    6    7    8    9    10    11    12	1    2    3    4    5    6    7    8    9    10    11    12    13      . </td <td>1    2    3    4    5    6    7    8    9    10    11    12    13    14      .&lt;</td> <td>1    2    3    4    5    6    7    8    9    10    11    12    13    14    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   19    20    21    22    23    24    25    26    27      -	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      -	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  .	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      - </td <td>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      -&lt;</td>	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      -<

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. Submission of inaccurate or falsified supervision documentation may result in disciplinary action.

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

## March 2021

### SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Supervisee's Name:_															Lice	ense	e No	)												Ab	111	2024
Place of Employment Work Setting:	:																								Α	cce	pta	ble	Fo	rma	ittin	g
														0.6.4				<u> </u>						1	5 m	ins =	= .25	5	4	45 m	ins =	= .75
Check applicable boxes					nploy		irs)							0 ho nplo			ss)							3	0 m	ins =	= .50	)		1	hr =	1
												Dire	ect	Sup	ervi	isio	n						-									
	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																																
Scheduling/Planning																																
Consultation																												<u>///</u>				

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

## April 2024

### SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

May 2024

Supervisee's Name:_														L	_ice	ense	N	o												IVIC	ay .	2024
Place of Employment Work Setting:	::																								Α	cce	pta	ble	Fo	rma	ttin	g
Check applicable boxes		] Ful ] 9 n					urs)							) hou nploy		or les	s)									ins = ins =			4		ins = hr =	= .75 1
												Dire	ect S	Supe	ervi	sior	า						_									
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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																																
Scheduling/Planning																																
Consultation																										<u>///</u>						

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

### SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

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| Supervisee's Name:                  |   |   |   |               |   |   |      |    |   |    |    |      |        |                | Lice | ense   | ) No | )  |    |    |    |    |    |    |      |       |         |     |                | Jui  |       | 2024  |
|-------------------------------------|---|---|---|---------------|---|---|------|----|---|----|----|------|--------|----------------|------|--------|------|----|----|----|----|----|----|----|------|-------|---------|-----|----------------|------|-------|-------|
| Place of Employmen<br>Work Setting: |   |   |   |               |   |   |      |    |   |    |    |      |        |                |      |        |      |    |    |    |    |    |    |    | Α    | ссе   | pta     | ble | For            | rma  | ttin  | g     |
|                                     |   |   |   |               |   |   |      |    |   |    |    |      |        |                |      |        |      |    |    |    |    |    |    | 1  | 5 m  | ins : | = .25   | 5   | 4              | 15 m | ins = | = .75 |
| Check applicable boxe               |   |   |   | ie (2<br>h en |   |   | urs) |    |   |    |    |      |        | ) hou<br>nploy |      | or les | ss)  |    |    |    |    |    |    | 3  | 80 m | ins   | = .50   | )   |                | 1    | hr =  | 1     |
|                                     |   |   |   |               |   |   |      |    |   |    |    | Dire | ect \$ | Sup            | ervi | sior   | n    |    |    |    |    |    | •  |    |      |       |         |     |                |      |       |       |
|                                     | 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                |   |   |   |               |   |   |      |    |   |    |    |      |        |                |      |        |      |    |    |    |    |    |    |    |      |       |         |     | $\overline{W}$ |      |       |       |
| Language Therapy                    |   |   |   |               |   |   |      |    |   |    |    |      |        |                |      |        |      |    |    |    |    |    |    |    |      |       |         |     |                |      |       |       |
| Other Therapy                       |   |   |   |               |   |   |      |    |   |    |    |      |        |                |      |        |      |    |    |    |    |    |    |    |      |       |         |     |                |      |       |       |
| Speech/Language Screening           |   |   |   |               |   |   |      |    |   |    |    |      |        |                |      |        |      |    |    |    |    |    |    |    |      |       |         |     |                |      |       |       |
| Hearing Screening                   |   |   |   |               |   |   |      |    |   |    |    |      |        |                |      |        |      |    |    |    |    |    |    |    |      |       |         |     |                |      |       |       |
| Parent/Family/Teacher Conf          |   |   |   |               |   |   |      |    |   |    |    |      |        |                |      |        |      |    |    |    |    |    |    |    |      |       |         |     |                |      |       |       |
|                                     |   |   |   |               |   |   |      |    |   |    |    |      |        |                |      |        |      |    |    |    |    |    |    |    |      |       |         |     |                |      |       |       |
|                                     |   |   |   |               |   |   |      |    |   |    |    |      |        |                |      |        |      |    |    |    |    |    |    |    |      |       |         |     |                |      |       |       |
| Γ                                   | 1 | T | 1 | T             | 1 | 1 | 1    | -1 | 1 | 1  | 1  | Ind  | 1      | t Su           | per  |        | -    | r  | r  |    | 1  | 1  | 1  | -  | 1    | T     | <b></b> |     |                | ·    |       |       |
|                                     | 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                |   |   |   |               |   |   |      |    |   |    |    |      |        |                |      | ${}$   |      |    |    |    |    |    |    |    |      |       |         |     |                |      |       |       |

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. Submission of inaccurate or falsified supervision documentation may result in disciplinary action.

Record-Keeping Scheduling/Planning

Consultation

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