SUPERVISION FORM 200
SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

July 2023

Supervisee'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

Acceptable Formatting	
15 mins = .25	45 mins = .75
30 mins = .50	1 hr = 1

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

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Telephone Conference																																
Record-Keeping																																
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. Submission of inaccurate or falsified supervision documentation may result in disciplinary action.

Supervisee's Signature   License #

Supervisee's Printed Name

Supervisee's Address

Supervisor's Signature   License #

Supervisor's Printed Name

Supervisor's Address

SUPERVISION FORM 200
SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

August 2023

Supervisee'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

Acceptable Formatting	
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Direct Supervision

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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

SUPERVISION FORM 200
SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Sept 2023

Supervisee'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

Acceptable Formatting	
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Direct Supervision

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Indirect Supervision

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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

SUPERVISION FORM 200
SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Oct 2023

Supervisee'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

Acceptable Formatting	
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Direct Supervision

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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
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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

SUPERVISION FORM 200
SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Nov 2023

Supervisee'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

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Direct Supervision

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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

SUPERVISION FORM 200
SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Dec 2023

Supervisee'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

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Direct Supervision

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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

SUPERVISION FORM 200
SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Jan 2024

Supervisee'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

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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

SUPERVISION FORM 200
SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Feb 2024

Supervisee'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

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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

SUPERVISION FORM 200
SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

March 2024

Supervisee's Name:_____**License No. _____**
Place of Employment:_____
Work Setting:_____

Check applicable boxes: ☐ Full time (21-40 hours) ☐ Part time (20 hours or less)
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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

SUPERVISION FORM 200
SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

April 2024

Supervisee'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

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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	

SUPERVISION FORM 200
SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

May 2024

Supervisee'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

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_____ License # _____

Supervisee's Signature

_____ License # _____

Supervisor's Signature

Supervisee's Printed Name

Supervisor's Printed Name

Supervisee's Address

Supervisor's Address

SUPERVISION FORM 200
SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

June 2024

Supervisee'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

Acceptable Formatting	
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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