JULY 2019

Licensee's Name: Place of Employment	:																		/ork	Se	tting	g:					_Li	cen	sel	No.		
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Language Therapy																																
Other Therapy																																
Speech/Language Screening																																
Hearing Screening																																
Parent/Family/Teacher Conf																																

Indirect Supervision

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Record-Keeping																																
In-service/Staffing																																
Ck Maintenance of Equipment																																
Scheduling/Planning																																
Consultation																																

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

AUGUST 2019

Licensee's Name: Place of Employment																		_ N	/ork	Se	tting	g: _					_Li	cen	se I	No.		
Check applicable boxes	5:] Ful	ll tim	ne (2	1-40	hou	ırs)			Part	time	e (20) hou	urs c	or les	ss)		9 mo	nth	empl	oye	Э	□ 1	2 m	onth	n em	ploy	ee			
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Indirect Supervision

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Scheduling/Planning																																
Consultation																																

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

Licensee's Name: _____ Place of Employment:______ License No. Work Setting: Check applicable boxes: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month employee **Direct Supervision** 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 8 9 31 TOTAL Articulation Therapy Language Therapy Other Therapy Speech/Language Screening Hearing Screening Parent/Family/Teacher Conf

Indirect Supervision

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Consultation																															

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

OCTOBER 2019

Licensee's Name: Place of Employment	t:	·		· _ · _ · _ · _ ·	· _ · _ · _ · _ ·	· · · · · ·												_ v	Vork	Se	tting	g: _					_Li	cen	se l	No.		
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Consultation																																

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

NOVEMBER 2019

Licensee's Name: Place of Employment	:																		/ork	Se	tting	g: _					_Li	cen	se l	No.		
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Consultation																																

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

DECEMBER 2019

Licensee's Name: Place of Employment																		v	Vork	Se	ttin	a:					_Li	cen	se l	No.		
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Supervisor Signature	Supervisee Signature	License #
Supervisor's Printed Name	Supervisee's Printed Name	
Supervisor's Address	Supervisee's Address	

JANUARY 2020

Licensee's Name: Place of Employment	:																	V	Vork	Se	tting	g: _					_Li	cen	se l	No.		
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Consultation																																

I hereby attest that the supervision documented for this month is true and correct, and that the supervision represented actually occurrec	. 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 docu	mentation.

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

FEBRUARY 2020

Licensee's Name: Place of Employment	:																		Vork	Se	tting	g:					_Li	cen	se N	No.		
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Supervisor Signature	License #	Supervisee Signature	License #
Supervisor's Printed Name		Supervisee's Printed Name	
Supervisor's Address		Supervisee's Address	

MARCH 2020

Licensee's Name: Place of Employment	::																	_ v	/ork	Se	tting	g:					_Li	cen	se I	No.		
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Indirect Supervision

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Consultation																																

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

APRIL 2020

Licensee's Name: Place of Employment	:																	_ N	/ork	Se	tting	g: _					_Li	cen	se l	No.		
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Supervisor Signature L	License #	Supervisee Signature	License #
Supervisor's Printed Name		Supervisee's Printed Name	
Supervisor's Address		Supervisee's Address	

MAY 2020

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Indirect Supervision

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that supervision records must be ke	pt for a period of 3	years by the su	pervisor and su	pervisee and that the	Board may request	such documentation.

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

JUNE 2020

Licensee's Name: Place of Employment	t:																	_ v	/ork	Se	tting	g:					_Li	cen	se l	No.		
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Indirect Supervision

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