SUPERVISION LOG – ASSISTANTS AND PROVISIONAL SLP ASSISTANTS

Supervisee's Name: _____ Supervisor's Name: _____

SLP Assistant:

FT (21-40 hrs)	PT (20 hrs or less)
1 hr direct/wk	1 hr direct/every 2 wks
1 hr indirect/wk	1 hr indirect/every 2 wks

Provisional SLP Assistant:

FT (21-40 hrs)	PT (20 hrs or less)
3 hrs direct/wk	1.5 hr direct/every 2 wks
2 hrs indirect/wk	1 hr indirect/every 2 wks

Month: _____ Year: _____ Place of Employment: _____

Week	Date of Supervision	Activity Observed	Comments/Notes	Patient/ Student's Initials	Time Observed	Direct or Indirect
						☐ Direct ☐ Indirect
						☐ Direct ☐ Indirect
						☐ Direct ☐ Indirect
						☐ Direct ☐ Indirect
						☐ Direct ☐ Indirect

Total Direct Hrs Observed		
	Direct	Indirect
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		

Total Indirect Hrs Observed		
	Direct	Indirect
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		

Reminder: Supervision can only be made up the following week.