

SUPERVISION FORM 200

Speech Language Pathology Assistant and Provisional Speech Language Pathology Assistant Supervision

Month/Year

Supervisee Name: _____ License No: _____ Supervisor Name: _____ License No: _____

Place of Employment: _____ Setting: _____

Employment Status: Full time (21-40 hours) Part time (20 hours or less)

Acceptable Formatting:	
15 Mins = .25	45 Mins = .75
30 Mins = .50	1 Hour = 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	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 Folder																																	
Telephone Conference																																	
Record Keeping/Consultation																																	
Scheduling/Planning																																	

If circumstances prohibit a supervisor from completing the minimum supervision requirements in any week, lacking supervision shall be completed the following week in conjunction with the required supervision hours for that week.

I hereby attest that the above information is true and correct and the supervision represented actually occurred. I understand that supervision records must be kept by the supervisor and supervisee for a period of 3 years and that the Board may request such documentation. I understand that submission of inaccurate or falsified supervision documentation may result in disciplinary action. I understand that direct supervision is the supervisor observing the licensee engaging in a specified clinical activity with a patient/client in order to obtain knowledge and provide guidance regarding the supervisee's clinical work. The supervisor shall accomplish this task either by being physically present in the room or through the use of a secure live video, live stream or web cam.

Supervisee Signature _____

Supervisor Signature _____