SUPERVISION FORM 200

Speech Language Pathology Assistant and Provisional Speech Language Pathology Assistant Supervision

July 2026

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																																
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Parent/Family/Teacher Conf																																

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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**

SUPERVISION FORM 200

Speech Language Pathology Assistant and Provisional Speech Language Pathology Assistant Supervision

August 2026

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:	
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Supervisee Signature **Supervisor Signature**

Revised 2026.04.01

SUPERVISION FORM 200

Speech Language Pathology Assistant and Provisional Speech Language Pathology Assistant Supervision

September 2026

Supervises 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:	
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Supervisee Signature **Supervisor Signature**

SUPERVISION FORM 200

Speech Language Pathology Assistant and Provisional Speech Language Pathology Assistant Supervision

October 2026

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)

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Supervisee Signature **Supervisor Signature**

SUPERVISION FORM 200

Speech Language Pathology Assistant and Provisional Speech Language Pathology Assistant Supervision

November 2026

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:	
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Supervisee Signature **Supervisor Signature**

SUPERVISION FORM 200

Speech Language Pathology Assistant and Provisional Speech Language Pathology Assistant Supervision

December 2026

Supervisee Name:_____ License No:_____ Supervisors Name:_____ License No:_____

Place of Employment:_____ Setting:_____

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

Acceptable Formatting:	
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Supervisee Signature **Supervisor Signature**

SUPERVISION FORM 200

Speech Language Pathology Assistant and Provisional Speech Language Pathology Assistant Supervision

January 2027

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)

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Supervisee Signature **Supervisor Signature**

SUPERVISION FORM 200

Speech Language Pathology Assistant and Provisional Speech Language Pathology Assistant Supervision

February 2027

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)

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Supervisee Signature **Supervisor Signature**

SUPERVISION FORM 200

Speech Language Pathology Assistant and Provisional Speech Language Pathology Assistant Supervision

March 2027

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)

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Supervisee Signature **Supervisor Signature**

SUPERVISION FORM 200

Speech Language Pathology Assistant and Provisional Speech Language Pathology Assistant Supervision

April 2027

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)

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Supervisee Signature **Supervisor Signature**

SUPERVISION FORM 200

Speech Language Pathology Assistant and Provisional Speech Language Pathology Assistant Supervision

May 2027

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)

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Supervisee Signature **Supervisor Signature**

SUPERVISION FORM 200

Speech Language Pathology Assistant and Provisional Speech Language Pathology Assistant Supervision

June 2027

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)

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