

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

Month _____ Year _____

Licensee's Name: _____
Are you employed in more than one work setting? _____ **If so, supervision must occur in every work setting and a separate form must be submitted for each work setting.**

Setting in which the supervision occurred (e.g. school, rehab, etc.): _____

Use this form to document your monthly supervision. List the number of hours you are supervised on the appropriate dates:

On-Site, In-View 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																																		
Articulation Assessment																																		
Language Assessment																																		
Other Assessment																																		
Parent/Family/Teacher Conf.																																		
TOTAL																																		

Alternative Methods of 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 folders																																		
Telephone Conference																																		
Record-keeping																																		
In-service Training																																		
Review of tapes relevant to SLP																																		
Staffing																																		
Check maintenance of equipment																																		
Scheduling/Planning																																		
Consultation																																		
TOTAL																																		

Please shade boxes for weekends. Write in holidays, illness, professional improvement days, etc.

OVER ►

**SUPERVISION FORM 200 FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT
LICENSE AND PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

Month _____ Year _____

At the time of license renewal, Speech-Language Pathology Assistants and Provisional Speech-Language Pathology Assistants MUST submit a Supervision Form 200 for each month of employment.

Place of Employment:

Check applicable boxes:	<input type="checkbox"/> Full time (21-40 hours)	<input type="checkbox"/> Part time (20 hours or less)
	<input type="checkbox"/> 9 month employee	<input type="checkbox"/> 12 month employee

<p>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 and that the Board may request such documentation.</p>

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

- **Only those hours that are directly supervised on-site, in-view may be used to fulfill the on-the-job training requirement. At the time of licensure renewal, Speech-Language Pathology Assistants and Provisional Speech-Language Pathology Assistants must submit a form 200 for each month of employment.**
- Upon completion of the 225 practicum hours, Provisional Speech-Language Pathology Assistants must submit a request to upgrade their license to a Speech-Language Pathology Assistant License. The written request must be submitted with the Upgrade Fee of \$30.00 to the Board office at 37283 Swamp Road, Suite 3B, Prairieville, Louisiana 70769. This form may be retrieved from our website at www.lbespa.org.