JULY 2020

																		Vork	Se	tting	g:					_Li	cen	se l	No.		
		l Ful	l tim	ie (2	1-40	hou	rs)			Part	time	e (20) hou	urs c	or les	ss)		9 mo	nth	emp	oyee	Э	□ 1	2 m	onth	em	ploy	ee			
											Dire	ect S	Supe	ervi	sior	า															
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
	1											Dire	Direct S	Direct Sup	Direct Supervi	Direct Supervision	Direct Supervision	□ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 Direct Supervision	□ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 mo Direct Supervision	□ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month o Direct Supervision	□ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month empl Direct Supervision	Direct Supervision	Full time (21-40 hours) Part time (20 hours or less) 9 month employee Direct Supervision	□ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 1 Direct Supervision	□ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 m Direct Supervision	□ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month Direct Supervision	Work Setting: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month employee Direct Supervision		Work Setting: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month employee Direct Supervision	Work Setting: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month employee Direct Supervision	Work Setting: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month employee Direct Supervision

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

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

AUGUST 2020

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)) mo	nth (emp	loye	е	□ 1	2 m	onth	em	ploy	ee			
												Dire	ect S	Supe	ervi	sior	า															
	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																																
I				1	1	1	1				1	1	1					1	I		1			1	1	1	1	1				

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

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

Hearing Screening

Parent/Family/Teacher Conf

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** 11 12 13 14 15 16 17 10 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

Indirect Supervision 12 13 14 15 16 17 18 19 22 23 24 25 26 27 28 29 30 31 2 10 11 20 21 TOTAL 1 3 4 5 6 7 8 9 Review of client folders Telephone Conference Record-Keeping In-service/Staffing Ck Maintenance of Equipment Scheduling/Planning Consultation

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 by the supervisor and supervisee and that the Board may request such documentation.

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

SEPT 2020

OCTOBER 2020

Licensee's Name: Place of Employment		- <u>1</u>																	/ork	Se	tting	g:					_Li	cen	se l	No.		
Check applicable boxes	5:] Fu	l tim	e (2	1-40	hou	ırs)			Part	time	e (20) hou	urs o	r les	s)	□ 9) mo	nth (empl	loye	Э	□ 1	2 m	onth	em	ploy	ee			
												Dire	ect S	Supe	ervi	sior	ו															
	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 folders																																
Telephone Conference																																
Record-Keeping																																
In-service/Staffing																																
Ck Maintenance of Equipment																																
Scheduling/Planning																																
Consultation																																

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

NOVEMBER 2020

Licensee's Name: Place of Employment	t:																	_ N	Vork	Se	tting	g:					_Li	cen	se I	No.		
Check applicable boxes	5:] Fu	ll tim	ie (2	1-40) hou	ırs)			Part	time	e (20) hoi	urs c	or les	ss)		9 mo	nth (emp	loye	е	□ 1	2 m	onth	em	ploy	ee			
												Dire	ect S	Sup	ervi	sior	า															
	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 3	1 T	OTAL
Review of client folders																																
Telephone Conference																																
Record-Keeping																																
In-service/Staffing																																
Ck Maintenance of Equipment																																
Scheduling/Planning																																
Consultation																																

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

DECEMBER 2020

			··	··													_ V	/ork	Se	tting	g: _					_Li	cen	se l	No.		
s :] Fu	ll tim	ie (2	1-40) hou	ırs)			Part	time	e (20) hou	urs c	or les	ss)) mo	nth	emp	loye	е	□ 1	l2 m	onth	ı em	ploy	ee			
											Dire	ect S	Supe	ervi	sior	า															
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
	:: s: 1	s: [s: □Fu	s: 🗆 Full tim	s: □ Full time (2	s: □ Full time (21-40	s: 🗆 Full time (21-40 hou	S: □ Full time (21-40 hours)	s:	s: □ Full time (21-40 hours) □	s: □ Full time (21-40 hours) □ Part	s: □ Full time (21-40 hours) □ Part time	S: □ Full time (21-40 hours) □ Part time (20 Direct S	s: □ Full time (21-40 hours) □ Part time (20 hours) Direct Sup	s: □ Full time (21-40 hours) □ Part time (20 hours on Direct Supervise)	S: □ Full time (21-40 hours) □ Part time (20 hours or les Direct Supervision	S: □ Full time (21-40 hours) □ Part time (20 hours or less) Direct Supervision	s: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 Direct Supervision	s: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 mo Direct Supervision	B: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month Direct Supervision	S: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month emp Direct Supervision	S: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employed Direct Supervision	Full time (21-40 hours)	Full time (21-40 hours)	S: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 m	E Full time (21-40 hours)	Work Setting:	Birect Supervision ■ Part time (20 hours or less) ■ 9 month employee ■ 12 month employ	Work Setting: Full time (21-40 hours)	Work Setting: S: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month employee Direct Supervision	Brull time (21-40 hours)

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

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

JANUARY 2021

Licensee's Name: Place of Employment	:																	 /ork	Se	tting	g: _					_Li	cen	se I	No.		
Check applicable boxes	:] Fu	l tim	ne (2	1-40) hou	ırs)			Part	time	ə (20) hou	urs c	or les	ss)	9 mo	onth	emp	loye	е	□ 1	2 m	onth	em	ploy	ee			
		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																													
	1																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 folders																																
Telephone Conference																																
Record-Keeping																																
In-service/Staffing																																
Ck Maintenance of Equipment																																
Scheduling/Planning																																
Consultation																																

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

FEBRUARY 2021

(21-40 hours)	Port time (20 hours or loss)		
. ,		□ 9 month employee □	12 month employee
	Direct Supervision		
5 6 7 8 9 10	10 11 12 13 14 15 16 17	18 19 20 21 22 23 2	24 25 26 27 28 29 30 31 TOTAL
	5 6 7 8 9		

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 folders																																
Telephone Conference																																
Record-Keeping																																
In-service/Staffing																													<i></i>	X///		
Ck Maintenance of Equipment																																
Scheduling/Planning																																
Consultation																														X		

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

MARCH 2021

Licensee's Name: Place of Employment	t:																	V	Vork	Se	tting	g:					_Li	cen	se l	No.		
Check applicable boxes	5:] Fu	ll tim	ne (2	1-40) hou	ırs)			Part	time	e (20) hoi	urs c	or les	ss)		9 mo	nth	emp	loye	е	□ 1	2 m	onth	ı em	ploy	ee			
												Dire	ect S	Sup	ervi	sio	n															
	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 folders																																
Telephone Conference																																
Record-Keeping																																
In-service/Staffing																																
Ck Maintenance of Equipment																																
Scheduling/Planning																																
Consultation																																

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

APRIL 2021

Licensee's Name: Place of Employment	::																	_ N	/ork	Se	tting	g: _					_Li	cen	se I	No.		
Check applicable boxes	s:] Ful	ll tim	ie (2	1-40) hou	ırs)			Part	time	e (20) hou	urs c	or les	ss)		9 mo	nth	emp	loye	е	□ 1	12 m	onth	em	ploy	ее			
												Dire	ect S	Supe	ervi	sio	n															
	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
	1	1 2 	1 2 3 	1 2 3 4	1 2 3 4 5	1 2 3 4 5 6	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 <td>1 2 3 4 5 6 7 8 9 </td> <td>1 2 3 4 5 6 7 8 9 10 .</td> <td>1 2 3 4 5 6 7 8 9 10 11 .</td> <td>1 2 3 4 5 6 7 8 9 10 11 12 </td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 <</td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 <!--</td--><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 18 19 1 1 1 1 1 1 1 1 1 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1</td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 1 10 10 10 10 10 10 10 10 10 10 10 10 10 10</td><td>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 </td><td>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 1</td><td>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 <td< td=""><td>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 1 1 1 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 1 1 1 1 1 16 1 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1<td>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 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 1 1 1 1 1 1 1 1 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 1 <td< td=""><td></td><td>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 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 1 1 1 1 1 1 1 1 1 1 1 1 10</td></td<></td></td></td<></td></td></td></td>	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9 10 .	1 2 3 4 5 6 7 8 9 10 11 .	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 13 <	1 2 3 4 5 6 7 8 9 10 11 12 13 14 </td <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 18 19 1 1 1 1 1 1 1 1 1 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1</td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 1 10 10 10 10 10 10 10 10 10 10 10 10 10 10</td><td>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 </td><td>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 1</td><td>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 <td< td=""><td>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 1 1 1 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 1 1 1 1 1 16 1 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1<td>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 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 1 1 1 1 1 1 1 1 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 1 <td< td=""><td></td><td>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 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 1 1 1 1 1 1 1 1 1 1 1 1 10</td></td<></td></td></td<></td></td></td>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 18 19 1 1 1 1 1 1 1 1 1 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1</td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 </td><td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 1 10 10 10 10 10 10 10 10 10 10 10 10 10 10</td><td>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 </td><td>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 1</td><td>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 <td< td=""><td>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 1 1 1 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 1 1 1 1 1 16 1 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1<td>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 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 1 1 1 1 1 1 1 1 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 1 <td< td=""><td></td><td>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 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 1 1 1 1 1 1 1 1 1 1 1 1 10</td></td<></td></td></td<></td></td>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 </td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 </td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 18 19 1 1 1 1 1 1 1 1 1 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1</td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 </td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 </td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 </td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 </td> <td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 1 10 10 10 10 10 10 10 10 10 10 10 10 10 10</td> <td>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 </td> <td>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 1</td> <td>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 <td< td=""><td>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 1 1 1 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 1 1 1 1 1 16 1 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1<td>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 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 1 1 1 1 1 1 1 1 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 1 <td< td=""><td></td><td>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 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 1 1 1 1 1 1 1 1 1 1 1 1 10</td></td<></td></td></td<></td>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1 1 1 18 19 1 1 1 1 1 1 1 1 1 10 11 12 13 14 15 16 17 18 19 1 1 1 1 1 1 1	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 11 12 13 14 15 16 17 18 19 20 21 22 23 24 1 1 1 1 1 1 1 1 1 10 10 10 10 10 10 10 10 10 10 10 10 10 10	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	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 1	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 <td< td=""><td>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 1 1 1 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 1 1 1 1 1 16 1 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1<td>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 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 1 1 1 1 1 1 1 1 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 1 <td< td=""><td></td><td>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 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 1 1 1 1 1 1 1 1 1 1 1 1 10</td></td<></td></td></td<>	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 1 1 1 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 1 1 1 1 1 16 1 18 19 20 21 22 23 24 25 26 27 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <td>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 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 1 1 1 1 1 1 1 1 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 1 <td< td=""><td></td><td>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 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 1 1 1 1 1 1 1 1 1 1 1 1 10</td></td<></td>	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 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 1 1 1 1 1 1 1 1 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 1 <td< td=""><td></td><td>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 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 1 1 1 1 1 1 1 1 1 1 1 1 10</td></td<>		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 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 1 1 1 1 1 1 1 1 1 1 1 1 10

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

MAY 2021

																	_ N	/ork	Se	tting	g: _					_Li	cen	se l	No.		
] Ful	ll tim	ie (2	1-40	hou	rs)			Part	time	e (20) hou	urs o	or les	ss)	□ 9) mo	nth e	empl	oye	Э	□ 1	2 m	onth	em	ploy	ee			
										l	Dire	ect S	Supe	ervi	sior	ו															
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
			🗆 Ful	Full tim	□ Full time (2	□ Full time (21-40	□ Full time (21-40 hou	□ Full time (21-40 hours)	□ Full time (21-40 hours)	□ Full time (21-40 hours) □	□ Full time (21-40 hours) □ Part	□ Full time (21-40 hours) □ Part time Dire	□ Full time (21-40 hours) □ Part time (20 Direct \$	□ Full time (21-40 hours) □ Part time (20 hou Direct Supe	□ Full time (21-40 hours) □ Part time (20 hours o Direct Supervi	□ Full time (21-40 hours) □ Part time (20 hours or les Direct Supervisior	□ Full time (21-40 hours) □ Part time (20 hours or less) Direct Supervision	□ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 Direct Supervision	□ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 mo Direct Supervision	Full time (21-40 hours) Part time (20 hours or less) 9 monthe Direct Supervision	□ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month empl	Full time (21-40 hours) Part time (20 hours or less) 9 month employed Direct Supervision	Full time (21-40 hours) Part time (20 hours or less) 9 month employee Direct Supervision	□ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 1 Direct Supervision	□ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 m Direct Supervision	□ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month Direct Supervision	Work Setting: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month em Direct Supervision	Work Setting: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month employ Direct Supervision	Work Setting: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month employee Direct Supervision	Work Setting: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month employee Direct Supervision	Work Setting: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month employee Direct Supervision

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 folders																																
Telephone Conference																																
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	

JUNE 2021

																		/ork	Se	tting	g:					_Li	cen	se l	No.		
5:] Fu	ll tim	ne (2	1-40	hou	ırs)			Part	time	ə (20) hou	urs o	r les	s)	□ 9) mo	nth e	emp	loye	е	□ 1	2 m	onth	em	ploy	ee			
											Dire	ect S	Supe	ervi	sior	ı															
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
	1	s: [: DFu	E Grull tim	E: □ Full time (2	: □ Full time (21-40	E □ Full time (21-40 hou	E: □ Full time (21-40 hours)	E □ Full time (21-40 hours)	E □ Full time (21-40 hours) □	E □ Full time (21-40 hours) □ Part	E: □ Full time (21-40 hours) □ Part time Dire	E: □ Full time (21-40 hours) □ Part time (20 Direct S	E: □ Full time (21-40 hours) □ Part time (20 hours) □ Direct Supe	E Full time (21-40 hours) □ Part time (20 hours o Direct Supervis	E: □ Full time (21-40 hours) □ Part time (20 hours or les Direct Supervision	E Full time (21-40 hours) □ Part time (20 hours or less) Direct Supervision	E Full time (21-40 hours) □ Part time (20 hours or less) □ 9 Direct Supervision	E Full time (21-40 hours) □ Part time (20 hours or less) □ 9 mo Direct Supervision	E □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month Direct Supervision	E Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month emp Direct Supervision	E Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employer Direct Supervision	E Full time (21-40 hours) Part time (20 hours or less) 9 month employee Direct Supervision	E Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 1 Direct Supervision	E Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 m Direct Supervision	E I Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month Direct Supervision	Work Setting: 	Work Setting: E: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month employ Direct Supervision	Work Setting: E: □ Full time (21-40 hours) □ Part time (20 hours or less) □ 9 month employee □ 12 month employee Direct Supervision	Work Setting: Work Setting: Image: Setting: Imag	E Part time (20 hours or less) □ 9 month employee □ 12 month employee Direct Supervision

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	31	TOTAL
Review of client folders																															
Telephone Conference																															
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	