



# LOUISIANA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

TOWNE PARK CENTRE • 37283 SWAMP ROAD, SUITE 3B • PRAIRIEVILLE, LOUISIANA 70769  
TELEPHONE: (225) 313-6358 OR (800) 246-6050  
WEBSITE: WWW.LBESPA.ORG • EMAIL: MRICCA@LBESPA.ORG

## SLP FORM 100

### Supervision for Provisional and Restricted Speech-Language Pathologists

Supervision of Provisional or Restricted Speech-Language Pathologists must include a **minimum of 16 monitoring activities annually, to be distributed throughout according to Rule 129**. At least **eight (8)** monitoring activities must be direct observations to be divided between the areas of diagnostics and management, supervised by an individual holding a license in the area of speech-language pathology and issued by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology. An individual may not be supervised by a provisional licensee, restricted licensee, assistant licensee, an individual on inactive status, a telehealth registrant, or a family member. A supervising speech-language pathologist must have a minimum of one year of full-time professional speech-language pathology experience following the postgraduate professional/employment experience.

Direct Observation is defined as the supervisor observing the licensee engaging in a specified clinical activity with his/her 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.

This report should be mailed to the Board office by June 30 of each year and at the time of upgrade. It is also recommended that other monitoring activities be accomplished throughout the year of supervision. Direct observations should last a minimum of **one hour**.

Direct supervision as well as indirect methods of supervision must occur in **every work setting** in which the licensee is employed/contracted. **Licensees must remain under supervision until official notification of licensure upgrade is received.**

Full time equivalent is formulated in half, making two weeks of part-time supervision, to be the equivalent of one week of full-time supervision. Part-time postgraduate professional employment experience is defined as greater than or equal to an average of 5 hours per week which culminates in an equivalent of 36 weeks of full-time employment experience.

Supervisee's Name: _____	
Supervisee's License Number: _____	
Supervisor's Name: _____	
Supervisor's License Number: _____	
Place of Employment: _____	
<input type="checkbox"/> FT (≥30hrs/week)	<input type="checkbox"/> PT (<30 hrs/week)
Average number of minutes per session _____	
PERIOD OF SUPERVISION: _____ to _____	
(Month, Day and Year)	(Month, Day and Year)

<b>FOR OFFICE USE ONLY:</b>	
Time Frame: _____ weeks and _____ days	
PT Equiv: _____ weeks and _____ days	

<b>Direct Monitoring Activities</b>		<b>Record the number of direct monitoring activities quarterly if a 12-month employee, or by semester if a 9-month employee.</b>				
<b>ACTIVITY</b>	<b>12-month employees (min of 2 each quarter)</b>				<b>9-month employees (min of 4 each semester)</b>	
	<b>1<sup>st</sup> Qtr</b>	<b>2<sup>nd</sup> Qtr</b>	<b>3<sup>rd</sup> Qtr</b>	<b>4<sup>th</sup> Qtr</b>	<b>1<sup>st</sup> Sem</b>	<b>2<sup>nd</sup> Sem</b>
Screening						
Evaluation						
Therapy						
Family/Parent/Teacher Conferences or Consultations						
<b>TOTAL NUMBER OF DIRECT OBSERVATIONS (Minimum of 8 hours annually)</b>						
<b>Indirect Monitoring Activities</b>		<b>Record the number of indirect monitoring activities quarterly if a 12-month employee, or by semester if a 9-month employee.</b>				
<b>ACTIVITY</b>	<b>12-month employees</b>				<b>9-month employees</b>	
	<b>1<sup>st</sup> Qtr</b>	<b>2<sup>nd</sup> Qtr</b>	<b>3<sup>rd</sup> Qtr</b>	<b>4<sup>th</sup> Qtr</b>	<b>1<sup>st</sup> Sem</b>	<b>2<sup>nd</sup> Sem</b>
Review of screening results						
Review of diagnostic reports						
Review of treatment plans, IEPs, etc.						
Review of other client records						
Telephone/electronic communications						
In-service meetings/ Trainings attended by licensee						
Review of audio or video tapes relevant to specific patients/clients						
Other						
<b>TOTAL NUMBER OF INDIRECT MONITORING ACTIVITIES</b>						

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.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisee's Signature

\_\_\_\_\_  
Supervisor's Printed Name

\_\_\_\_\_  
Supervisee's Printed Name

\_\_\_\_\_  
Supervisor's Address

\_\_\_\_\_  
Supervisee's Address

\_\_\_\_\_  
Supervisor's Address

\_\_\_\_\_  
Supervisee's Address