

SUPERVISION FORM 200

SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

July 2023

Supervisee's Name: _____ License No. _____

Place of Employment: _____

Work Setting: _____

Check applicable boxes: Full time (21-40 hours)

Part time (20 hours or less)

9 month employee

12 month employee

Acceptable Formatting

15 mins = .25

45 mins = .75

30 mins = .50

1 hr = 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
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Parent/Family/Teacher Conf																																

Indirect Supervision

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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. Submission of inaccurate or falsified supervision documentation may result in disciplinary action.

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

SUPERVISION FORM 200

SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

August 2023

Supervisee's Name: _____ License No. _____

Place of Employment: _____

Work Setting: _____

Check applicable boxes: Full time (21-40 hours)

Part time (20 hours or less)

9 month employee

12 month employee

Acceptable Formatting

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Direct Supervision

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

SUPERVISION FORM 200

SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Sept 2023

Supervisee's Name: _____ License No. _____

Place of Employment: _____

Work Setting: _____

Check applicable boxes: Full time (21-40 hours)

Part time (20 hours or less)

9 month employee

12 month employee

Acceptable Formatting

15 mins = .25

45 mins = .75

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

SUPERVISION FORM 200

SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Oct 2023

Supervisee's Name: _____ License No. _____
 Place of Employment: _____
 Work Setting: _____

Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less)
 9 month employee 12 month employee

Acceptable Formatting	
15 mins = .25	45 mins = .75
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Supervisee Signature	Supervisor Signature
License #	License #
Supervisee's Printed Name	Supervisor's Printed Name
Supervisee's Address	Supervisor's Address

SUPERVISION FORM 200

SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Nov 2023

Supervisee's Name: _____ License No. _____
 Place of Employment: _____
 Work Setting: _____

Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less)
 9 month employee 12 month employee

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

SUPERVISION FORM 200

SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Dec 2023

Supervisee's Name: _____ License No. _____
 Place of Employment: _____
 Work Setting: _____

Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less)
 9 month employee 12 month employee

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

SUPERVISION FORM 200

SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Jan 2024

Supervisee's Name: _____ License No. _____
 Place of Employment: _____
 Work Setting: _____

Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less)
 9 month employee 12 month employee

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

SUPERVISION FORM 200

SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Feb 2024

Supervisee's Name: _____ License No. _____
 Place of Employment: _____
 Work Setting: _____

Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less)
 9 month employee 12 month employee

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

SUPERVISION FORM 200

SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

March 2024

Supervisee's Name: _____ License No. _____
 Place of Employment: _____
 Work Setting: _____

Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less)
 9 month employee 12 month employee

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

SUPERVISION FORM 200

SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

April 2024

Supervisee's Name: _____ License No. _____
 Place of Employment: _____
 Work Setting: _____

Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less)
 9 month employee 12 month employee

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

SUPERVISION FORM 200

SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

May 2024

Supervisee's Name: _____ License No. _____
 Place of Employment: _____
 Work Setting: _____

Check applicable boxes: Full time (21-40 hours) Part time (20 hours or less)
 9 month employee 12 month employee

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

SUPERVISION FORM 200

SPEECH-LANGUAGE PATHOLOGY ASSISTANT & PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT

June 2024

Supervisee's Name: _____ License No. _____

Place of Employment: _____

Work Setting: _____

Check applicable boxes: Full time (21-40 hours)

Part time (20 hours or less)

9 month employee

12 month employee

Acceptable Formatting

15 mins = .25

45 mins = .75

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1 hr = 1

Direct Supervision

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