

SLP FORM 100

Supervision Documentation for Provisional and Restricted Speech-Language Pathologists

Supervision of Provisional or Restricted Speech-Language Pathologists must include a **minimum of 12 monitoring activities annually**. At least **four (4)** monitoring activities must be on-site, in-view 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. Persons holding a Restricted, Provisional or Assistant License may not serve as a supervisor. 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. Full-time employment in a school system for the school year is considered to meet this requirement.

On-Site In-View Observation is defined as the supervisor observing the licensee engaging in a specified clinical activity with his/her patient/client. The supervisor shall accomplish this task either by being physically present in the room or through the use of a live video monitor.

Documentation of supervision may be requested by the Board. The supervision activities documented on this form are to occur within the Board's fiscal year, **July 1 through June 30**. This report should be mailed to the Board office by **June 30** of each year. At least **four (4)** monitoring activities must be on-site, in-view observations to be divided between the areas of diagnostics and management. For **twelve-month** employees, **one** on-site, in-view observation must be conducted **each quarter**. For **nine-month** employees, **two** on-site in-view observations must occur **each semester**. It is also recommended that **other monitoring activities** be accomplished throughout the year of supervision. On-site, in-view observations should last a minimum of **one hour**.

On-site in-view supervision as well as alternative 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.***

Place of Employment:		
Check applicable boxes:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
	<input type="checkbox"/> 9 month employee	<input type="checkbox"/> 12 month employee
	Setting: <input type="checkbox"/> Hospital <input type="checkbox"/> Private Practice <input type="checkbox"/> Rehab/Agency <input type="checkbox"/> School <input type="checkbox"/> University <input type="checkbox"/> Other: _____	

<i>On-Site, In-View Monitoring Activities</i>	Record the number of on-site, in-view monitoring activities quarterly if a 12-month employee, or by semester if a 9-month employee.					
ACTIVITY	12-month employees				9-month employees	
	1ST Quarter	2ND Quarter	3RD Quarter	4TH Quarter	1ST Semester	2ND Semester
Screening						
Evaluation						
Therapy						
Family/Parent/Teacher Conferences or Consultations						
TOTAL NUMBER OF ON-SITE, IN-VIEW OBSERVATIONS (WHETHER 12 OR 9 MONTH EMPLOYEE)						
AVERAGE NUMBER OF MINUTES PER SESSION						

OVER →

Alternative Monitoring Activities		Record the number of alternative monitoring activities quarterly if a 12-month employee, or by semester if a 9-month employee.				
ACTIVITY	12-month employees				9-month employees	
	1 ST Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	1 st Semester	2 nd Semester
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						
TOTAL NUMBER OF ALTERNATIVE MONITORING ACTIVITIES (whether 12 or 9 month employee)						

PERIOD OF SUPERVISION: _____ to _____
 (Month, Day and Year) (Month, Day and Year)

We hereby certify to the Louisiana Board of Examiners for Speech-Language Pathology and Audiology that the above statements are true and correct.

 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

 Supervisor's License Number

 Supervisee's License Number



Louisiana Board of Examiners for Speech-Language Pathology and Audiology

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