

A MESSAGE FROM THE BOARD

To: Assistants and Provisional Assistants

January 20, 2023

RE: Updated Rules & Forms

The Rules and Regulations have recently been revised as it relates to supervision and duties of SLP Assistants and Provisional SLP Assistants. Please see an overview of the changes below:

Telehealth

According to 103 (Definitions) and 121.A.1.i. (Duties):

SLP Assistants may engage in the provision of services via telehealth delivery as directed by their supervisor, provided all supervision guidelines are met.

Provisional SLP Assistants MAY NOT engage in the provision of services via telehealth delivery; however, the individual may function as a facilitator given appropriate training.

Designations

105 (Designations)

Revised to allow abbreviation of "SLP" but must spell out "Provisional" (if applicable) and "Assistant" e.g. B.A., SLP Assistant or B.A., Provisional SLP Assistant.

Duties

121.

A.1.a. "assessments without interpretation" was removed from a, as Assistants are not allowed to conduct "assessments".

A.1.h. SLP Assistants may participate in parent conferences, IEPs, case conferences, interdisciplinary team conferences and research projects, with permission and guidance of the supervising SLP. Provisional SLP Assistants may participate in these activities only with the supervising SLP present. (Also listed in 2.a.xii).

Duties Outside the Scope of Practice 121.A.2.a.

- -Cannot conduct evaluations, even under supervision
- -Cannot interpret assessment results
- -Cannot screen, diagnose, or treat clients for feeding and swallowing disorders
- -Cannot demonstrate swallowing strategies or precautions to clients, family or staff

Provisional SLP Assistants

- -May not participate in parent conferences, IEPs, IFSP meetings, case conferences, interdisciplinary team conferences, and research projects, unless the supervising SLP is present.
- -May not engage in telepractice; however, the individual may function as a facilitator given appropriate training.

Deferment of License 107.H.4.c.

If there is an extenuating circumstance, such as inability to obtain employment in the area of speech-language pathology for Provisional SLP Assistants, the licensee may request deferment in writing. The license must continue to be renewed annually. Such deferment may only be held for a period of 3 years from the time of board approval.

Clinical Hours

107 (Qualifications for Licensure)

H.3.a. No simulation experiences will be accepted for SLP Assistants or Provisional SLP Assistants

Supervision

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

Also, the remaining 25 hours may be obtained through observation of assessment and therapy (no longer testing and therapy).

Continuing Education

Much of the continuing education requirements have been updated to include that of the 10 hours, 5 shall be educational activities directly related to the scope of practice of the licensee and must be designed to increase the knowledge and skills in the area of licensure.

The Rules for acceptable continuing education (127.K.) have also changed, with the biggest change being that presentations from AAA, ASHA, LSHA, SPALS, Louisiana Society for Hearing Aid Specialists, etc. must be for presentations that are <u>directly in the area of communication disorders</u>. Related topics, will require pre-approval. A similar change has been made for all CE activities; the hours are only considered acceptable if it is directly in the area of communication disorders. Related activities will require pre-approval from the Board.

Please note that any workshops and in-services that are university, school, clinic, hospital or state agency sponsored. The CE hours should only including content area workshop and inservice time. Documentation of staff development content must be separated from employee meeting activities such as announcements, review of deadlines, event planning, and other non-content area activities.

A new rule has been added that licensees may not submit repeated continuing education activities for credit within a 3 year period.

There are other revisions that have been made to the Rules, which can be found on the Board's website. Please familiarize yourself with the revisions.

Thank you,

Jolie Jones Executive Director



LOUISIANA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

TOWNE PARK CENTRE, 37283 SWAMP ROAD, SUITE 3B, PRAIRIEVILLE, LA 70769 PHONE: (225) 313-6358 o (800) 246-6050

WWW.LBESPA.ORG o EMAIL: MRICCA@LBESPA.ORG

SUPERVISION AGREEMENT FORM

Supervisee's Name	License #	Supervisor's Name	License #
Disco of Employment		Employment Cotting	
Place of Employment		Employment Setting	
Check the one that applies:			
Initial employment:	(Date)	Change of supervisor(s):	(Date)
Renewal of a license			(Date)
☐ Termination of supervision – Sup	ervisor's Nam	ne:Da	nte:
Attestations (Please initial)			
Supervisee Supervisor I understand th	at:		
I must familiarize (Assistants or Pr		le 129 (Provisional or Restricted) or Rules ants).	s 131 and 121
Direct and indire	ct supervision r	nust occur in every work setting.	
	ry relationship	changes, I understand that the board office	ce should receive
		ed a minimum of 1 year of full-time profess aduate professional/employment experier	
Supervisee mus	t remain under	supervision until the Board has granted u	ıpgrade.
		e services to the client and must ensure t vith the Practice Act and Rules and Regu	
	•	s have been accepted by the Board again no longer be allowed to supervise for a p	
I must maintain request.	current supervi	sion records and make them available to	the Board upon
Submission of ir action.	naccurate or fal	sified supervision documentation may res	sult in disciplinary
Practice without	a supervisor m	ay result in disciplinary action.	
Supervisee's Signature:		Date:	
-			
Supervisor's Signature:		Date:	

^{*}Supervisee must submit the signed Supervision Agreement Form through the Forms tab in Licensee Dashboard.*

June 2022

Supervisor's Name: Place of Employment	t:																	v	Vork	Se	tting	 g: _					Lic	ens	e No	o		
Check applicable boxes														ess)	1													12 n	nontl	h em	nploy	ee
												Dire	ect {	Sup	ervi	sioı	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																																ı
Language Therapy																																i
Other Therapy																																ı
Speech/Language Screening																																i
Hearing Screening																																<u> </u>
Parent/Family/Teacher Conf								T																								ı ————
	T_{λ}	Τ,	Т,	T_{A}	Τ_	т.	T 7	Τ,	$\overline{}$	T40	_	1		t Su	-i	-		Τ,,	T ₄₀	Τ	Τ	Τ	Τ	Τ	Тог	T 00	Т 07	T_00	Τ	T 20	Т 24	TOTAL
	1	2	3	4	5	6	7	8	9	10	_	12	13	-	-i	-		18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Review of client folders																																
Telephone Conference																																
Record-Keeping																																
Scheduling/Planning	brack		$oxed{L}$							brack														\coprod								
Consultation																																
·																																<u> </u>
I hereby attest that the s	supe	rvis	ion	doc	ume	entec	d for	r this	s mo	nth	is t	ue a	and	corr	ect,	and	tha	t the	e su	perv	risio	n re	pres	ente	ed a	ctua	ally	occı	urre	d. I u	ınde	rstand
that supervision records Submission of inaccura	s mu te o	ist b r fals	e Ke sifie	ept i ed su	or a	a per rvisio	iod on d	of 3 locu	yeai men	rs b Itati	y the on n	e Su nav	perv resu	/isor It in	dis	d su cipli	perv narv	/ise /ac	e and tion	d tha	at th	е Во	bard	ma	y re	ques	st sı	uch	doc	ume	ntati	on.
	3	-	211		معدد ا	-	71			13:33	<u> </u>	ح و د د		11.	3.1	. عن الت			18													

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

Supervisee Signature

License #

Supervisor Signature

Supervisee's Printed Name

Supervisee's Address

Supervisee's Address

July 2022

Supervisor's Name: Place of Employment	::																	V	/ork	Se	tting	g:					Lic	ens	e No	o		
Check applicable boxes														ess)							•	_ □9	moi	nth e	empl	oye	e 🗆	12 n	nontl	h em	ploy	ee
												Dire	ect (Sup	ervi	sion	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	28	29	30	31	TOTAL
Articulation Therapy		i																														
Language Therapy																																
Other Therapy																																
Speech/Language Screening																																
Hearing Screening																																
Parent/Family/Teacher Conf																																
												Indi	リロ	Lou	11111																	
	1	7	7	1	Τ_	T 6	T_{7}	\top_{\circ}		Τ10	11				-			10	10	20	1 21	22	22	24	25	26	27	20	T 20	20	21	TOTAL
	1	2	3	4	5	6	7	8	9	10	11				-	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Review of client folders	1	2	3	4	5	6	7	8	9	10	11				-			18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Telephone Conference	1	2	3	4	5	6	7	8	9	10	11				-			18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Telephone Conference Record-Keeping	1	2	3	4	5	6	7	8	9	10	11				-			18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Telephone Conference Record-Keeping Scheduling/Planning	1	2	3	4	5	6	7	8	9	10	11				-			18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Telephone Conference Record-Keeping	1	2	3	4	5	6	7	8	9	10	11				-			18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Telephone Conference Record-Keeping Scheduling/Planning	1	2	3	4	5	6	7	8	9	10	11				-			18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Telephone Conference Record-Keeping Scheduling/Planning	1	2	3	4	5	6	7	8	9	10	11				-			18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Telephone Conference Record-Keeping Scheduling/Planning	1	2	3	4	5	6	7	8	9	10	11				-			18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Telephone Conference Record-Keeping Scheduling/Planning Consultation	1											12	13	14	15	16	17															
Telephone Conference Record-Keeping Scheduling/Planning	upe; mu	rvis	sion	dog	Ume	ented	d for	r thi	is mo	onth	istr	12	13	14	15	16	17	t the	: su	oerv	isio	n re	pres	sent	ed a	ctua	ally	Occel	ırred		ınde	rstand

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

Supervisee Signature

License #

Supervisor Signature

License #

Supervisor's Printed Name

Supervisee's Address

Supervisee's Address

August 2022

Supervisor's Name: Place of Employment	 t:																	v	Vork	Se	tting	g: _					Lic	ens	e No	o		
Check applicable boxes																						□ 9	mo	nth e	empl	oye	e 🗆	12 m	nontl	n em	ıploy	ee
												Dire	ct	Sup	ervi	sior	า															
	1	2	3	4	5	6	7	8	9	10	11	12			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																																
																															_	
	1 4	Ι _	Ι 2	Ι,	Τ,	1 6	l 7	Ι.	Τ_0	10	1			t Su	i 	_	_	140	140	00	04	00	100	0.4	0.5	00	07	Τ	100	20	T 24	TOTAL
	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	IUIAL
Review of client folders					-			-						+								-										
Telephone Conference															Н							Н							Н			
Record-Keeping																															ļ	
Scheduling/Planning														+	Н							Н							Н			
Consultation																																
																															ļ	
I hereby attest that the s	supe	rvis	ion	doc	ume	entec	l for	this	s mo	nth	is tı	ue a	and	corr	ect,	and	tha	t the	su	perv	isio	n re	pres	ent	ed a	ctua	ally	occı	irre	d. I u	inde	rstand
that supervision records Submission of inaccura	s mu te o	ist b r fals	e Ke sifie	ept f d su	or a	ı peri rvisio	od (on d	or 3 ocu	yea: men	rs by tatio	the on m	e su nav⊥	perv resu	/Isor Ilt in	dis	ı su cipli	perv narv	rise(/ aci	an tion.	a dh	at th	еВ	Dard	ma	y re	que	st S	uch	doc	ume	ntati	on.

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

Supervisee's Printed Name

Supervisee's Address

Supervisee's Address

September 2022

Supervisor's Name: Place of Employment	: <u> </u>																	_ v	/ork	Se	tting	g: _					Lic	enso	e No	0		
Check applicable boxes	s: [l Ful	l tim	ne (2	1-40	0 hou	urs)	□Р	art tiı	me (20 h	ours	or I	ess)								□ 9	moi	nth e	empl	oyee	e 🗆	12 m	ontl	h 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																																
		Ι ο	Τ_	Τ,	T =	Τ.	1 -		Τ,	140		_	_	t Su	•			10	140	100	04	00	00	0.4	٥٢	100	07	00	00	20	04	TOTAL
	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																																
Scheduling/Planning																																
Consultation																																
I hereby attest that the s that supervision records	upe	rvis	ion	doc	ume	ente	d for	r thi	s mo	onth	is tr	ue a	and	corr	ect,	and	tha	t the	su an	perv	isio	n re	pres	ento	ed a	ctua	illy (occu	irred	d. I u	ınde	rstand

Supervisee's Printed Name

Supervisee's Address

Supervisee's Address

Supervisee's Address

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

Supervisee and that the Board may request such documentation.

October 2022

Supervisor's Name: _ Place of Employment																		_ w	/ork	Set	ting	j: _					Lice	ense	∍ Nc)		
Check applicable boxes	;: □	Full	l tim	e (2	1-40) hou	ırs) [⊐ Pa	art tir	ne (2	20 h	ours	or le	ess)								□ 9	mor	nth e	mpl	loyee	∍ □ ′	12 m	onth	n emp	ploye	е
												Dire	ct S	Supe	ervis	sion	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	28	29	30	31	TOTAL
Articulation Therapy										П																						
Language Therapy																																
Other Therapy																																
Speech/Language Screening																																
Hearing Screening																									 L							
Parent/Family/Teacher Conf						T					 	[
	Τ	Τ_	Τ_	Τ,	T_	Τ_	T_	Τ,	Τ_	T 40		1	_	Su	i 			1 40	T 40	I 00	0.4	I 00	1 00	I 0.4	T 05	T_00	T 07	T_00	T_00		04	
	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			<u> </u>	<u> </u>	\downarrow	\bot	╀			_	<u> </u>	—		<u> </u>											—	\downarrow	—	<u> </u>				
Telephone Conference			<u> </u>	<u> </u>	\downarrow	\bot	╀			_	<u> </u>	—		<u> </u>											—	\downarrow	—	<u> </u>				
Record-Keeping			<u> </u>	<u> </u>	—	\bot	┿				<u> </u>	—		<u> </u>											—	 	—	<u> </u>				
Scheduling/Planning			<u> </u>	<u> </u>	—	\bot	┿				<u> </u>	—		<u> </u>											—	 	—	<u> </u>				
Consultation					<u> </u>	<u>Ш</u>																				<u> </u>						
																															L	
																															L	
																															l	
I hereby attest that the s that supervision records	upe	rvisi st h	on (doci	ıme	entec	d for	this	s mo	nth	is tr	ue a	and (corre	ect,	and	that	t the	sup	oerv Ltha	isioi	n rej	pres	ente	ed a	ctua	illy (occu	rred	l. l ui	nder	rstand

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

Supervisee Signature

License #

Supervisor Signature

License #

Supervisor's Printed Name

Supervisee's Address

Supervisee's Address

November 2022

Language Therapy Other Therapy Speech/Language Screening Hearing Screening	Supervisor's Name: _Place of Employment	<u> </u>																	W	/ork	Set	tting	g: _					Lice	enso	∍ Nc)		
Total Control Contro	Check applicable boxes	;: □	Ful	l tim	e (2 ⁻	1-40	0 hou	ırs) [⊐Pŧ	art tir	ne (20 h	ours	or I	ess)				_				□ 9	mor	ηth ε	mpl	oyee	• □	12 m	ionth	າ em	ploye	ee .
Articulation Therapy													Dire	ect S	Sup	ervi	sior	า															
Language Therapy		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
Company Comp	Articulation Therapy																								 								
Hearing Screening	Language Therapy																																
Hearing Screening	Other Therapy																																
Parent/Family/Teacher Conf	Speech/Language Screening																																
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	Hearing Screening																								 								
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	Parent/Family/Teacher Conf			 																					 				<u> </u>				
Review of client folders Telephone Conference Record-Keeping Scheduling/Planning		Τ1	2	T 3	4	5	T 6	7	T 8	T 9	10	_	_	_		.		_	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Telephone Conference Record-Keeping Scheduling/Planning		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
Record-Keeping Scheduling/Planning	Review of client folders	<u> </u>	<u> </u>	<u> </u>	<u> </u>			L	<u> </u>	$oldsymbol{\perp}$						<u> </u>									<u> </u>	<u> </u>				<u> </u>	<u> </u>		
Scheduling/Planning Scheduling	Telephone Conference	<u> </u>	<u> </u>	igsqcup					$oldsymbol{\perp}$	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$						igsqcup									<u> </u>					<u> </u>	<u> </u>		
	Record-Keeping	<u> </u>	<u> </u>	igsqcup	<u> </u>			L	\perp	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$						igsqcup									<u> </u>	<u> </u>				<u> </u>	<u> </u>		
Consultation		igsqcup	<u> </u>	igsqcup	<u> </u>			L	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$						igsqcup									<u> </u>	<u> </u>				<u> </u>	<u> </u>		
	Consultation								<u> </u>																								ı
<u></u>																																	ı
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.	I hereby attest that the s	upei	rvisi	on o	docu	ıme	ented	l for	this	s mo	onth	is tr	ue a	and	corr	ect,	and	tha	t the	sup	oerv	isio	n rej	ores	ente	ed a	ctua	illy o	occu	rred	l. l u	nder	rstand

Supervisee Signature

License #

Supervisee's Printed Name

Supervisee's Address

Supervisee's Address

Supervisee's Address

December 2022

Supervisor's Name: Place of Employment																		W	/ork	Se	ting	a: 					Lic	ens	e No	o		
Check applicable boxes												ours	or I	ess)								_		nth ε	empl	oye	- —	12 n	nontl	h en	nploy	/ee
												Dire	ect {	Supe	ervi	sior	า															
	1	2	3	4	5	6	7	8	9	10		12	,		15			18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Articulation Therapy																																Ī
Language Therapy																																
Other Therapy																																
Speech/Language Screening																																
Hearing Screening																																
Parent/Family/Teacher Conf						7																	[1
	T_{1}	Т	Тэ	T_{A}	Τ_	Т.	Τ,	Т	T_{0}	T ₁₀				t Su	•			Τ ₁₀	T ₄₀	1 20	1 24	Т	122	Τ ₂₄	T 25	706	27	T 20	T 20	T ₂₀	T 24	TOTAL
	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	<u> </u>	<u> </u>			_	Д_	\downarrow	<u> </u>	<u> </u>			_	<u> </u>	<u> </u>	<u> </u>	<u> </u>						↓	<u> </u>			_	 	╄	<u> </u>	<u> </u>		
Telephone Conference	<u> </u>	<u> </u>				4	\downarrow	<u> </u>	<u> </u>				<u> </u>	<u> </u>	<u> </u>	<u> </u>						<u> </u>	<u> </u>				<u> </u>	\perp	<u> </u>	<u> </u>		
Record-Keeping	╀	igspace				\bot	\downarrow	_					igspace	<u> </u>	ـــــــ	ـــــــ						igspace	<u> </u>				<u> </u>	\downarrow	<u> </u>	<u> </u>		
Scheduling/Planning	<u> </u>	—				\bot	\downarrow						\downarrow	<u> </u>	ــــــــ	↓						↓	<u> </u>				<u> </u>	\downarrow	<u> </u>	<u> </u>		
Consultation						\perp	\perp						<u></u>									<u> </u>						<u>L</u>				4
																															ļ	
I hereby attest that the s	upe	rvisi	ion	doci	ume or a	entec	l for	this	s mo	nth	is tr	ue a	and o	corre	ect,	and	tha	t the	su	erv	isio	n re	pres	ento	ed a	ctua	illy	occi	urrec	d. I u	ınde	rstand
that supervision records Submission of inaccura	te o	r fals	sifie	d su	ıper	rvisio	on d	ocu	men	tati	on n	nay	resu	It in	disc	cipli	nary	act	ion.	J tire		e Do	Jaru	IIIa	у пс	que	31 S.	uGii	uoc	unite	IIICAG	On.

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's Printed Name

Supervisee's Address

Supervisee's Address

January 2023

Supervisor's Name: Place of Employment	 t:																	V	Vork	Se	tting	g:					Lic	ens	e N	o		
Check applicable boxes																						_						12 n	nont	h en	nploy	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																																
	Τ,	Τ_		Τ.	-	Τ_	Τ_			Т.,	_	Indi	_	_	-		_	1	1	1	1	T	1	T	T ==		T	T	Τ	T	 	T
	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	5 26	27	28	29	30	31	TOTAL
Review of client folders		\vdash	\perp		₩	_			lacksquare		ــــــ	ــــــ												_	<u> </u>	_	 			_		
Telephone Conference			╄	<u> </u>	<u> </u>	<u> </u>			_	<u> </u>	<u> </u>	<u> </u>												<u> </u>	<u> </u>	_	<u> </u>			_		
Record-Keeping			╄	<u> </u>	<u> </u>	<u> </u>			_	<u> </u>	<u> </u>	<u> </u>												<u> </u>	<u> </u>	_	<u> </u>			_		
Scheduling/Planning			╄	<u> </u>	<u> </u>	<u> </u>			_	<u> </u>	<u> </u>	<u> </u>												<u> </u>	<u> </u>	_	<u> </u>			_		
Consultation			L		<u>L</u>						\bot																<u> </u>					
I hereby attest that the s	supe	rvis	ion	docu	ume	ntec	l for	this	s mo	nth	is tr	ue a	and	corr	ect,	and	tha	t the	su	perv	isio	n re	pres	ent	ed a	actua	ally	occi	urre	d. l ı	unde	rstand
that supervision records Submission of inaccura	s mu te o	r fal	e ke sifie	ept i d su	or a uper	per visio	on d	or 3 ocu	yea men	tatio	on m	su lay r	perv 'esu	isor It in	disc	i su cipli	perv narv	∕ise∈ ∠act	e and tion.	a un	at un	ев	oaro	ma	y re	eque	st s	ucn	aoc	ume	nieu	on.

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

Supervisee Signature

License #

Supervisor Signature

License #

Supervisor's Printed Name

Supervisee's Address

Supervisee's Address

February 2023

Supervisor's Name: Place of Employment	::																	_ v	/ork	Se	tting	g: _					Lic	ens	e No	o		
Check applicable boxes	s: [] Ful	ll tim	ne (2	1-40) hou	ırs) [⊐ Pa	art tir	ne (20 h	ours	or I	ess)								□ 9	moi	nth e	mpl	oyee	e 🗆	12 m	nonth	n em	oloye	ee
												Dire	ct S	Supe	ervi	sior	1															
	1	2	3	4	5	6	7	8	9	10	11	12	13		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																																
												Indi	rec	t Su	per	visi	on															
	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																																
Scheduling/Planning																																
Consultation																																
I hereby attest that the s that supervision records Submission of inaccura	s mı	ıst b	e ke	ept f	or a	per	iod (of 3	yeaı	's by	/ the	e su	perv	risor	and	su	perv	ise	an	d tha	isio at th	n re e Bo	pres pard	ente ma	ed a y re	ctu <i>a</i> ques	ally o st so	occı uch	ırrec docı	d. I ui umer	nder ntatio	stand on.
Submission of maccura	ie o	TE I	SIIIG	:u St	ipei	VISIO	лг а	ocu	ПСП	tatil	711 III	ау	ษอน	111	aist	albill	тапу	au	ion.													

Supervisee Signature

Supervisee's Printed Name

Supervisee's Address

Supervisee's Address

Supervisee's Address

March 2023

Supervisor's Name: Place of Employment	<u> </u>																	W	/ork	Set	tting						Lic	ens	e No	o		
Check applicable boxes														ess)							•	_						12 m	ontl	n em	nlov	 ee
опсок аррисавіс вохо	· _	- I GI		C (2	1 70	7 1100			ai ((ii	110 (2		Ouro	01 1										11101	1011	,iiipi	io y c .		12 11	101111	1 0111	рюу	
												Dire	ct S	Supe	ervi	sior	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	28	29	30	31	TOTAL
Articulation Therapy																																
Language Therapy																																
Other Therapy																																
Speech/Language Screening																																
Hearing Screening																																
Parent/Family/Teacher Conf																																
																															Ĺ	
												Indi	root	t Su	nor	dol	.															
	1	2	3	4	5	6	7	8	9	10		12	13		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																																
Scheduling/Planning																																
Consultation																																
	Į.		ļ.				Į.		l .	Į.				1	I	l	I					I	1	1				l .	I	I.		
I hereby attest that the s	upe	rvis	ion	doc	ume	entec	d for	' this	s mo	nth	is tr	ue a	nd	corr	ect,	and	tha	t the	su	oerv	isio	n re	pres	ent	ed a	ctua	ally	occı	irred	d. I u	ınde	rstand
that supervision records	ร mเ	ıst b	e ke	ept f	or a	per	iod (of 3	year	's by	the	su	oerv	isor	and	su	perv	isee	and	d tha	at th	е Вс	bard	ma	y re	que	st s	uch	doc	ume	ntati	on.
Submission of inaccura	te oi	tell	SHIE	น รเ	ıper	VISIO	on a	ocu	men	ાતાા	li lii	lay r	esu	ιτ in	OIIS(но п		#÷[e]	iion.													

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

Supervisee's Printed Name

Supervisee's Address

Supervisee's Address

April 2023

Supervisor's Name: Place of Employment	::																	_ v	/ork	Se	ttin	g: _					Lic	ens	e No	o		
Check applicable boxes	s: 🗆] Ful	l tim	e (2	1-40) hou	ırs) [□ Pa	art tir	ne (20 h	ours	or l	ess)								□ 9	mor	nth e	empl	loye	e 🗆	12 m	ontl	h em	ploy	ee
												Dire	ct S	Supe	ervi	sior	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	28	29	30	31	TOTAL
Articulation Therapy																																
Language Therapy																																
Other Therapy																																
Speech/Language Screening																																
Hearing Screening																																
Parent/Family/Teacher Conf																																
												Indi	root	٠	nor	visi	o n															
	1	2	3	4	5	6	7	8	9	10	1	12	13	_	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Review of client folders	Ė	Ė	Ť	<u> </u>	Ť	+	<u> </u>	Ť	Ť	"	' '			' '			···	1.0	1.0		 - ·						 - -					
Telephone Conference																																
Record-Keeping			Н																													
Scheduling/Planning																																
Consultation																																
						I					ı	ı	I	I					1	1	1					ı		1				
I hereby attest that the s	upe	rvis	ion	doc	ume	entec	l for	this	s mo	nth	is tr	ue a	ınd	corr	ect.	and	tha	t the	sui	oerv	isio	n re	pres	ente	ed a	ctua	ally	occu	ırre	d. I u	ınde	rstand
that supervision records	s mu	ıst b	e ke	ept f	or a	per	iod	of 3	veai	's by	/ the	sui	oerv	isor	and	su	perv	risee	and	d tha	at th	е Вс	bard	ma	y re	que	st s	uch	doc	ume	ntati	on.
Submission of inaccura	te oi	Tell	SIIIE	น รเ	ıper	VISIO	on a	ocu	men	tatic	on m	ay r	esu	ıt in	ais	прш	nary	acı	ion.													

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

Supervisee Signature

License #

Supervisee's Printed Name

Supervisee's Address

Supervisee's Address

May 2023

Supervisor's Name: Work S															License Nok Setting:																	
Check applicable boxes	s: [] Ful	ll tim	e (2	1-40) hou	ırs) [⊐Pa	art tir	ne (20 h	ours	or l	ess)					☐ 9 month employee ☐ 12 month employee													
Direct Supervision																																
	1	2	3	4	5	6	7	8	9	10	11	12	13		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																																
	1	2	3	4	5	6	7	8	9	10	_	12	13	14 14	•	16		18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
	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																																
Scheduling/Planning																																
Consultation																																
I hereby attest that the s that supervision records	supe s mi	rvis ıst b	ion e ke	doc	ume or a	entec	for	this	s mo	onth	is tr	ue a	and perv	corr visor	ect,	and su	tha perv	t the	su e an	perv	isio at th	n re e Bo	pres pard	ento ma	ed a v re	ctu:	ally st.s	occı uch	urred	d. I u ume	inde ntati	rstand on.
Submission of inaccura	te o	r fals	sifie	d su	ıper	visio	on d	ocu	men	tatio	on n	nay i	resu	lt in	dis	cipli	nary	act	tion.	, <u> </u>		<i>-</i>	4.116		,	90.0						

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

Supervisee Signature

License #

Supervisee's Printed Name

Supervisee's Address

Supervisee's Address

June 2023

License #

Supervisor's Name: Place of Employment	upervisor's Name: ace of Employment:														License No Work Setting:																	
	eck applicable boxes: ☐ Full time (21-40 hours) ☐ Part time (20 hours or less)															☐ 9 month employee ☐ 12 month employee																
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
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																																
Scheduling/Planning																																
Consultation																																
	•	•						•																								
																															_	
I hereby attest that the s	supe	rvis	ion	doc	ume	entec	l for	this	s mo	nth	is tr	ue a	and (corr	ect,	and	tha	t the	e su	perv	isio	n re	pres	ent	ed a	ctua	ally	occu	ırre	d. I ur	nder	rstand
that supervision records Submission of inaccura	s mı	ıst b	e k	ept f	or a	per	iod (of 3	yeai	rs by	/ the	sul	nerv	isor	and	SIII	nerv	vie o	an	d tha	at th	A R	ard	ma	v ro	ALIA	et ei	ich i	doc	ımar	ntati	on.
	to a	7 5 1	elfic	M CL	Inor	nvicia	n d	OCIA	mon	tatic	n m	121/-	'ASH	lt in	die	inli	nam	/ 26	tion	u tiit	AC (11	ט ט	Jaiu	IIIa	y ie	que.	31 31 	ucii (uoc	uniter	- cat-	

License #

Supervisor Signature

Supervisee's Address

Supervisor's Printed Name

Supervisee Signature

Supervisee's Address

Supervisee's Printed Name