Page 1 of 2

## SUPERVISION/OBSERVATION LOG FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

**REGISTERED ASSISTANT'S NAME:** 

ARE YOU EMPLOYED IN MORE THAN ONE WORK SETTING? \_\_\_\_\_ IF SO, SUPERVISION MUST OCCUR IN EVERY WORK SETTING AND A

SEPARATE FORM MUST BE SUBMITTED FOR EACH WORK SETTING

SETTING IN WHICH THE SUPERVISION OCCURRED (E.G., REHAB, SCHOOL, ETC.)

Use this form to document your monthly supervision. List the number of hours you are supervised on the appropriate dates. Please shade boxes for weekends.

Write in holidays, illness, professional improvement days, etc.

**On-Site**, In-View Supervision

DATE	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																																
Articulation Assessment																																
Language Assessment																																
Other Assessment																																
Parent/Family/Teacher Conf.																																

											Alte	ernat	tive l	Meth	10ds	of S	uper	visi	on													
DATE	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 Training																																
Review of Tapes																																
Relevant to SLP																																
Staffing																																
Equipment																																
Maintenance																																
Scheduling/Planning																																
Consultation																																

Year

Month

SAVE THIS FORM This Form is to be completed and mailed to the Board by December 31 of each year.

## SUPERVISION/OBSERVATION LOG FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

Page 1 of 2

Month\_\_\_\_Year\_\_\_\_

Use this form to document your monthly supervision. (Make extra copies for later use.)

At the time of registration renewal, Speech-Language Pathology Assistants MUST submit a Supervision Form for each month of employment.

WE HEREBY CERTIFY TO THE WEST VIRGINIA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY THAT THE SUPERVISION INFORMATION SUBMITTED ON THE SUPERVISION/OBSERVATION FORM IS TRUE AND CORRECT.

Supervisor's Signature	Speech-Pathology Assistant's Signature
Supervisor's Printed Name	Speech-Pathology Assistant's Printed Name
Supervisor's Address	Speech-Pathology Assistant's Address
Supervisor's License Number	