SUPERVISION LOG FOR THE LICENSED ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY

**[NOT TO BE USED DURING THE CLINICAL DEFICIENCY PLAN (CDP)]**

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| Assistant: | License #: | **Direct Activity Codes:** |
| 1. Conduct speech, language, hearing screening 2. Implement treatment program or IEP 3. Provide carry-over activities 4. Administer routine tests 5. Other |
| Supervisor:  **As the supervisor of the assistant that is listed above, I have provided direct/indirect supervision of my assistant working with only my caseload as mandated in Title 22 TAC §111.154.** | License #: | **Indirect Activity Codes:**   1. Collect data 2. Maintain clinical records 3. Prepare clinical materials 4. Participate in research or staff development 5. Review lesson plans 6. Other |

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| **Date of Session** | **Length of Session (Minutes)** | **Activity Code (See Tables Above)** | **Supervision D or I\*** | **On-site or via Telepractice (O or T)** | **Comments on Assistant’s Performance Session**  **(Must provide comments on the licensed assistant’s performance.)** | **SLP’s & Asst’s**  **Signatures** |
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**Total Number of Minutes of Direct Supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Number of Minutes of Indirect Supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**