

**SUPERVISION FORM 200 FOR THE SPEECH-LANGUAGE PATHOLOGY ASSISTANT AND
PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

Month _____ Year _____

Licensee'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. school, rehab, etc.): _____

Use this form to document your monthly supervision. List the number of hours you are supervised on the appropriate dates:

On-Site, In-View 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																																		
Articulation Assessment																																		
Language Assessment																																		
Other Assessment																																		
Parent/Family/Teacher Conf.																																		
																																		TOTAL

Alternative Methods of 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																																			
In-service Training																																			
Review of tapes relevant to SLP																																			
Staffing																																			
Check maintenance of equipment																																			
Scheduling/Planning																																			
Consultation																																			
																																			TOTAL

Please shade boxes for weekends. Write in holidays, illness, professional improvement days, etc.

OVER ►

SAVE THIS FORM

**SUPERVISION FORM FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE
AND PROVISIONAL SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE**

This Form is to be completed and mailed to the Board by June 30 of each year.

FORM 200

Month _____ Year _____

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

At the time of license renewal, Speech-Language Pathology Assistants and Provisional Speech-Language Pathology Assistants MUST submit a Supervision Form 200 for each month 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

We hereby certify to the Louisiana Board of Examiners for Speech-Language Pathology and Audiology that the supervision information submitted on this Supervision Form 200 is true and correct.

Supervisor Signature

Supervisee 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

- **Only those hours that are directly supervised on-site, in-view may be used to fulfill the on-the-job training requirement. At the time of licensure renewal , Speech-Language Pathology Assistants and Provisional Speech-Language Pathology Assistants must submit a form 200 for each month of employment.**
- Upon completion of the 225 practicum hours, Provisional Speech-Language Pathology Assistants must submit a written request to upgrade their license to a Speech-Language Pathology Assistant License. The written request must be submitted with the Upgrade Fee of \$30.00 to the Board office at 18550 Highland Road, Suite B, Baton Rouge, Louisiana 70809. This form may be retrieved from our website at www.lbespa.org.