



Board of Examiners for Speech-Language Pathology and Audiology

P.O. Box 53592, Oklahoma City, OK 73152

Phone (405) 524-4955

SPEECH-LANGUAGE PATHOLOGY ASSISTANT

SUPERVISION LOG

SUPERVISEE _____

Please Print

SUPERVISOR _____

Please Print

Date of Supervision	Indirect Hours	Direct Hours	Hours Worked
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			
Total			

Date of Supervision	Indirect Hours	Direct Hours	Hours Worked
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
Total			

SPEECH-LANGUAGE PATHOLOGY ASSISTANT SUPERVISION LOG

Date of Supervision	Indirect Hours	Direct Hours	Hours Worked
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
Total			

Date of Supervision	Indirect Hours	Direct Hours	Hours Worked
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
Total			

Total number of Direct Supervision hours _____
 Total number of Indirect Supervision hours _____
TOTAL HOURS of WORK UNDER SUPERVISION _____

For the first 90 days of practice after licensure with OBESPA, a minimum of 30% of the assistant's work per week must be supervised. For at least 20% of the required 30%, the supervisor must be in-view observing and guiding clinical services provided to patients by the assistant. The supervisor must be available by phone or email or other electronic means at all other times when the assistant is performing clinical activities. The remaining 10% of supervision may consist of activities other than on-site direct observation and guidance, such as: the supervisor's review of audio or videotaped recordings of the assistant's therapy sessions with clients; telephone or face-to-face conferences between supervisors and assistants regarding the assistant's practice; or the supervisor's review of the assistant's documentation of therapy sessions. All supervisory activities must be documented.

Signature of Supervisee Date

Signature of Supervisor Date