Board of Examiners for Speech-Language Pathology & Audiology
PO Box 53592 Oklahoma City, OK 73152

Speech-Language Pathology Assistant (SLPA) Supervision Log

Week of Supervision	Total Therapy Hours*	Indirect Observation Hours	Indirect Observation percentage	Direct Observation Hours	Direct Observation percentage

Signature of SLPA **Date**

Signature of Supervisor **Date**

Direct Client/ Patient Contact) for Week*

Week of Supervision	Total Therapy Hours*	Indirect Observation Hours	Indirect Observation percentage	Direct Observation Hours	Direct Observation percentage

Signature of SLPA Date **Signature of Supervisor Date**

The assistant and supervisor may choose to use this supervision log or choose another form. Records of supervision are subject to inspection by the Board.