

EXAMPLE

Annual SLPA Supervision Plan

SLP : _____ License # _____

SLPA : _____ License # _____

Date: _____

SLPA's Strengths: (please complete a narrative summary. Please attach any additional resources that were utilized)

SLPA's Areas of Growth or Needed Support: (please complete a narrative summary of specific needs and a plan of how support will be given in these areas. Examples might include additional direct supervision, training, continuing education, or observation.

Supervision Schedule: (please document when consultative time is scheduled with SLPA and how that direct or consultative supervision will take place (in-person at specific time and day and/or via videoconference)

	Monday	Tuesday	Wednesday	Thursday	Friday
Consultative Time Scheduled:					
Mode: In person/ Phone/ Video Conference					
Location:					
Direct Supervision (as needed)					

Signatures:

SLP: _____

Date: _____

SLPA: _____

Date: _____

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