**SUPERVISION PLAN: SPEECH-LANGUAGE PATHOLOGY ASSISTANTS**

**School Year \_\_\_\_\_\_\_\_\_**

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Education Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speech-Language Pathology Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervising Speech-Language Pathologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the educational background and experience of the SLPA.
2. ROLES/RESPONSIBILITIES: List the responsibilities assigned to the SLPA. (Attach additional documents if needed)
3. SUPERVISION REQUIREMENTS: Describe the supervision plan developed by the supervising SLP, special education director and SLPA. (Attach additional documents if needed.)
4. COMPLETION OF TRAINING MODULE:

SLPA/Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising SLP/Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. CASELOAD ASSIGNMENTS: (Indicate #of students on assigned caseloads.)

 SLPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervising SLP: \_\_\_\_\_\_\_\_\_