# Appendix J:

# WVDE Verification Report

# Speech Language Pathology Assistant

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

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

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

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

Number on SLPA Caseload: \_\_\_\_\_\_\_\_\_\_\_ Percentage of Sessions Supervised: Direct \_\_\_\_

Number on SLP Caseload: \_\_\_\_\_\_\_\_\_\_\_ Indirect \_\_\_\_

|  |
| --- |
| PROFESSIONAL DEVELOPMENT COMPLETED BYSPEECH-LANGUAGE PATHOLOGY ASSISTANT (minimum of 12 hours in topics related to communication disorders) |
| Title | Date | CEU Hours |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Hours (1=1 hour .5=1/2 hour) Minimum of 12 hours required\* |  |

Comments:

\_\_\_\_\_\_ Weekly Supervision Logs are attached

\_\_\_\_\_\_ Summary of Student/SLPA Direct Observations is attached

SUPERVISION VERIFIED BY:

 Supervising SLP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SLPA \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Education Director \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to Lee Ann Brammer: Building 6, Suite 248, 1900 Kanawha Boulevard, East, Charleston, WV 25305-0330

Fax: 304-558-1834

\*Required in Policy 2419 and will be strictly enforced.