

SUPERVISION CONTACTS LOG

Ohio Board of Speech-Language Pathology and Audiology
77 South High Street, Suite 1659, Columbus, Ohio 43215-6108

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Web Site: www.slpaud.ohio.gov

Email Address: board@slpaud.ohio.gov

To be completed by the Conditional Licensee and Supervisor and submitted with the Supervised Professional Experience Report
Please Print Legibly in Ink or Type

Upon completion of the professional experience year or when there is a change in the professional experience year plan the conditional licensee must submit the following to the Board within 30 calendar days:

- **Supervised Professional Experience Report**
- **Supervised Professional Experience Contacts Log**

Conditional Licensee's Name _____ License No. _____

Supervisor's Name _____ License No. _____

Conditional Licensee's Employer Name/Address: _____

Practice Site: _____

Supervised Professional Experience time covered in this report:

Starting Date: _____ Ending Date: _____

Supervision of the professional experience shall include: eighteen (18) on-site conferences with the conditional licensee and the supervisor of the professional experience with at least six of the on-site conferences during each third of the professional experience. In addition a monthly evaluation conference must be held and may be in conjunction with one of the on-site conferences.

| Month Dates | On-Site Hours | Other Supervisory Activities* | Brief Summary of Feedback/Evaluation Given to Conditional Licensee |
|----------------|------------------|-------------------------------------|---|
| 1 | | | |
| 2 | | | |
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| Month Dates | On-Site Hours | Other Supervisory Activities* | Brief Summary of Feedback/Evaluation Given to Conditional Licensee |
|----------------|------------------|-------------------------------------|---|
| 5 | | | |
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| 15 | | | |
| 16 | | | |

SUPERVISION CONTACTS LOG

| Month Dates | On-Site Hours | Other Supervisory Activities* | Brief Summary of Feedback/Evaluation Given to Conditional Licensee |
|----------------|------------------|-------------------------------------|---|
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |

I HAVE READ THE GENERAL INFORMATION AND INSTRUCTIONS AND HAVE ANSWERED ALL QUESTIONS IN COMPLIANCE WITH THE INSTRUCTIONS.

UNDER PENALTIES PROVIDED BY LAW FOR FRAUD, DECEPTION OR MISREPRESENTATION IN OBTAINING OR ATTEMPTING TO OBTAIN A LICENSE, I HEREBY CERTIFY THAT I AM THE PERSON REFERRED TO IN THE SUPERVISION CONTACTS LOG, THAT I HAVE EXAMINED THE STATEMENTS AND INFORMATION PROVIDED THEREIN AND ALL THE ACCOMPANYING DOCUMENTS AND THAT ALL THE STATEMENTS AND INFORMATION IS STRICTLY TRUE, CORRECT AND COMPLETE IN EVERY RESPECT.

I FURTHER UNDERSTAND THAT I WILL NOTIFY THE OHIO BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY, WITHIN THIRTY (30) DAYS, IN WRITING, OF ANY CHANGES TO THE FORGOING INFORMATION OR ACCOMPANYING DOCUMENTS.

SIGNATURE OF APPLICANT

DATE

I HAVE READ THE GENERAL INFORMATION AND INSTRUCTIONS AND HAVE ANSWERED ALL QUESTIONS IN COMPLIANCE WITH THE INSTRUCTIONS.

UNDER PENALTIES PROVIDED BY LAW FOR FRAUD, DECEPTION OR MISREPRESENTATION IN OBTAINING OR ATTEMPTING TO OBTAIN A LICENSE, I HEREBY CERTIFY THAT I AM THE SUPERVISOR AND THAT I HAVE EXAMINED THE STATEMENTS AND INFORMATION PROVIDED THEREIN AND ALL THE ACCOMPANYING DOCUMENTS AND THAT ALL THE STATEMENTS AND INFORMATION IS STRICTLY TRUE, CORRECT AND COMPLETE IN EVERY RESPECT.

I FURTHER UNDERSTAND THAT I WILL NOTIFY THE OHIO BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY, WITHIN THIRTY (30) DAYS, IN WRITING, OF ANY CHANGES TO THE FORGOING INFORMATION OR ACCOMPANYING DOCUMENTS.

SIGNATURE OF SUPERVISOR

DATE

*Other Supervisory Activities may include but are not limited to:

1. Conferring with the applicant concerning clinical treatment strategies;
2. Monitoring changes in communication behaviors of person(s) served;
3. Evaluating the applicant's clinical records, including: diagnostic reports, treatment records, correspondence, plans of treatment; and summaries of clinical conferences;
4. Monitoring the applicant's participation in case conferences;
5. Evaluating the applicant's performance by professional colleagues and employers;
6. Evaluating the applicant's work by person(s) served and their parents; and
7. Monitoring the applicant's contributions to professional meetings and publications, as well as participation in professional growth opportunities.