

Ohio Board of Speech-Language Pathology and Audiology
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SUPERVISION CONTACTS LOG

To be completed by the Conditional Licensee and Supervisor and submitted with the Supervised Professional Experience Report
(Type or print in ink)

Date _____

Conditional Licensee's Name _____ License No. _____

Supervisor's Name _____ License No. _____

Conditional Licensee's Employer Name/Address: _____

Practice Site: _____

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			
3			
4			
5			
6			

Month Dates	On-Site Hours	Other Supervisory Activities*	Brief Summary of Feedback/Evaluation Given to Conditional Licensee
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

