

TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157 www.tdlr.texas.gov

SUPERVISION LOG FOR THE ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY											
NOT TO BE USED DURING THE CLINICAL DEFICIENCY PLAN (CDP)											
Assistant's Name: (please print)								Assistant License #:	Assisting Activity Codes: 1. Conduct speech, language, hearing screening 2. Implement treatment program or IEP 3. Provide carry-over activities		
Last First						Middle	Suffix	4. Adm		ninister routine tests	
As the supervisor of the assistant that is listed above, I have provided direct/indirect supervisio working with only my caseload as mandated in Title 22 TAC §111.154.								n my assistant	Collect data Maintain clinical records Prepare clinical materials Participate in research or staff development Review lesson plans Other		
Supervisor's Name: (please print)								Supervisor License #:			
	La	ast		First		Middle	Suffix				
Date of Session	Length of Session in Minutes	Activity Code	Supervision Direct (D) or Indirect (I)	On-site (O) or via Telepractice (T)				tant's Performance Session the licensed assistant's performanc	e.)	SLP & Assistant Signatures	
Total Number of Minutes of Direct Supervision: Total Number of Minutes of Indirect Supervision: Total Number of Minutes of Indirect Supervision:											

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