



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY CLINICAL DEFICIENCY PLAN CLINICAL OBSERVATION LOG

**Clinical Deficiency Plan cannot begin until the Assistant license has been issued.**

Assistant's Name: (please print)

License #: (must have to start CDP Plan)

**Observation Activity Codes:**

1 Therapy

2 Initial evaluations

and/or re-evaluation

\_\_\_\_\_ Last First Middle Suffix

I have observed my approved supervisor (100% in person, face to face observation) conducting the direct activities as designated in 1-2.

Supervisor's Name: (please print)

Supervisor License Number:

\_\_\_\_\_ Last First Middle Suffix

Date of Session	Beginning Time	Ending Time	Length of Session in Minutes	Activity Code	Comments or questions on Observation Session (Must provide comments or questions of the observation)	Signatures

Total Number of Minutes of Observation: \_\_\_\_\_