

SLPA Documentation of **D**irect and **I**ndirect Supervision*

Name of SLPA: _____

Year: _____

DATE	# of D or I Min.	STUDENT INITIALS	IEP OBJECTIVES TARGETED (in brief) Or Other Activity (eg. Screening)	OVERALL QUALITY OF SERVICE**	Follows data collection + or -	Accurately records data + or -	Activities Relevant to IEP + or -	Interacts effectively with students + or -	COMMENTS/ OTHER FEEDBACK
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SUPERVISOR'S SIGNATURE/TITLE: _____

* Based on elements described in ASHA's Guidelines for Direct and Indirect Supervision of SLPAs, and minimum requirements described in the IL S-L-A Practice Act and IL School Code.

QUALITY OF SERVICE RATINGS: **1 = POOR **2 = FAIR** **3 = SATISFACTORY** **4 = GOOD** **5 = EXCELLENT**