SLPA Supervisor Log (For Documentation Purposes Only)

SLPA Supervision Log for (Month/Yr): _____

SLPA Name: _____

SLPA License #: _____

Date (mm/dd/yy)	Activity	Total Hours	Hours Indirect Supervision	Hours Direct Supervision	SLPA Initials	SLP Initials

Total Hours for the month: _____

Total Direct Supervised Hours for the month: _____

Total Indirect Supervised Hours for the month: _____

SLP Supervisor Name: _____ **License #: _____**

SLP Supervisor Signature: _____ **Date: _____**

SLPA Signature: _____ **Date: _____**