



**VERIFICATION OF EMPLOYMENT AND SUPERVISION FOR TEMPORARY  
PARAPROFESSIONAL LICENSE AS AN APPRENTICE IN SPEECH-LANGUAGE PATHOLOGY**

**EMPLOYMENT AND SUPERVISION**

NAME OF EMPLOYER (SCHOOL DISTRICT OR BUSINESS):		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
NAME OF WORKSITE ASSIGNMENT (IF OTHER THAN ABOVE):		
NAME OF SPEECH-LANGUAGE PATHOLOGY SUPERVISOR:		
SUPERVISOR'S LICENSE NUMBER:		
BEGINNING DATE OF SUPERVISION:	ENDING DATE OF SUPERVISION:	
<p>I HEREBY CERTIFY THAT I AM THE SLP SUPERVISOR ASSIGNED TO THE APPLICANT IDENTIFIED BELOW AND THAT I WILL BE SUPERVISING THIS INDIVIDUAL AT ALL ASSIGNED WORKSITES. MY TOTAL SUPERVISION WILL BE COMPLETED AS FOLLOWS:            A MINIMUM OF 10% OF CONTACT TIME MUST BE UNDER DIRECT SUPERVISION A MINIMUM OF 10% OF INDIRECT CONTACT TIME MUST BE MONITORED</p> <p>I ACKNOWLEDGE THAT I AM AWARE I AM LEGALLY RESPONSIBLE FOR THE CASELOAD ASSIGNED TO THE ASL.</p> <p><b>SUPERVISOR'S SIGNATURE:</b> _____</p> <p><b>DATE:</b> _____</p>		



**2. TO BE COMPLETED BY APPLICANT'S CURRENT EMPLOYER**

NAME OF APPLICANT:		DATE:
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
<p>I CONFIRM THAT THE ABOVE-NAMED EMPLOYEE IS IN GOOD STANDING AND WILL ENGAGE IN THE FOLLOWING PERFORMANCE RESPONSIBILITIES (CHECK ALL THAT APPLY):</p> <p><input type="checkbox"/> SCREEN SPEECH-LANGUAGE AND/OR HEARING ABILITIES</p> <p><input type="checkbox"/> CONDUCT TREATMENT PROGRAMS AND PROCEDURES THAT ARE PLANNED, SELECTED, AND/OR DESIGNED BY THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST</p> <p><input type="checkbox"/> PREPARE WRITTEN DAILY PLANS BASED ON THE OVERALL INTERVENTION PLAN DESIGNED BY THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST</p> <p><input type="checkbox"/> RECORD, CHART, GRAPH, OR OTHERWISE DISPLAY DATA RELATIVE TO THE CLIENT PERFORMANCE AND REPORT CHANGES IN PERFORMANCE TO THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST</p> <p><input type="checkbox"/> MAINTAIN DAILY SERVICE DELIVERY/TREATMENT NOTES AND COMPLETE DAILY SUPERVISOR APPROVED CHARGES AS REQUESTED</p> <p><input type="checkbox"/> ASSIST THE SPEECH-LANGUAGE PATHOLOGIST DURING ASSESSMENT OF CLIENTS, SUCH AS THOSE WHO ARE DIFFICULT TO TEST</p> <p><input type="checkbox"/> PERFORM CLERICAL DUTIES (INCLUDING MAINTENANCE OF THERAPY/DIAGNOSTIC MATERIALS, CLIENT FILES) AS DIRECTED BY THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST</p> <p><input type="checkbox"/> PARTICIPATE WITH THE SPEECH-LANGUAGE PATHOLOGIST IN RESEARCH PROJECTS, IN-SERVICE TRAINING, AND PUBLIC RELATIONS PROGRAMS</p> <p><input type="checkbox"/> REFER CLIENTS TO OTHER PROFESSIONALS OR AGENCIES</p>		



I CONFIRM THAT THE ABOVE-NAMED EMPLOYEE SHALL **NOT** ENGAGE IN THE FOLLOWING:

- ADMINISTER DIAGNOSTIC TESTS
- INTERPRET DATA INTO DIAGNOSTIC STATEMENTS OR CLINICAL MANAGEMENT STRATEGIES OR PROCEDURES • SELECT OR DISCHARGE CASES
- TREAT CLIENTS WITHOUT FOLLOWING THE INDIVIDUALIZED TREATMENT PLAN
- INTERPRET CLINICAL INFORMATION INCLUDING DATA OR IMPRESSIONS RELATIVE TO CLIENT PERFORMANCE
- INDEPENDENT COMPOSITION OF CLINICAL REPORTS EXCEPT FOR PROGRESS NOTES TO BE HELD IN THE CLIENT'S FILE
- PROVIDE CLIENT OR FAMILY COUNSELING

- DEVELOP OR MODIFY CLIENT'S IEP/IFSP CLINICAL REPORT OR PLAN OF CARE IN ANY WAY WITHOUT THE APPROVAL OF THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST
- DISCLOSE CLINICAL OR CONFIDENTIAL INFORMATION
- SIGN ANY FORMAL DOCUMENTS WITHOUT THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST'S SIGNATURE

I CONFIRM THAT PROVISIONS FOR SUPERVISION WILL BE PROVIDED FOR THE ABOVE-NAMED EMPLOYEE. FURTHERMORE, THE SUPERVISOR WILL MEET THE FOLLOWING MINIMAL REQUIREMENTS:

- AT LEAST TWO YEARS OF EXPERIENCE WORKING AS A SPEECH-LANGUAGE PATHOLOGIST
- HOLD A NEW MEXICO OCCUPATIONAL LICENSE AS A SPEECH-LANGUAGE PATHOLOGIST
- PROVIDE A MINIMUM OF 10% DIRECT AND 10% INDIRECT CONTACT TIME WITH THE ABOVE-NAMED EMPLOYEE

THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST WILL BE GIVEN A COPY OF THIS FORM.

I RECOGNIZE THAT IT IS THE EMPLOYER'S RESPONSIBILITY TO BE SURE THE SUPERVISING SPEECH-LANGUAGE PATHOLOGIST IS PROVIDED A WORK SCHEDULE THAT WILL ALLOW FOR THE NECESSARY SUPERVISION OF THE EMPLOYEE LISTED ABOVE.

NAME OF SCHOOL DISTRICT OR BUSINESS:

SIGNATURE OF SUPERVISOR:	TITLE:	DATE:
SIGNATURE OF EMPLOYER:	TITLE:	DATE:
SIGNATURE OF APPLICANT:	TITLE:	DATE:

