

To be included in CHA Guidelines – For reference only – subject to modification

APPENDIX B: NBASLPA Communication Health Assistant Reporting Form

Supervising Member: _____

Communication Health Assistant: _____

Time Period : _____ to _____ Page ____ of ____

% Supervision Required _____ % Specified on Supervision Plan Dated:

Date	Patient/ Client Initials	Activity	Reliability check ¹	Supervision (Minutes) ²		Contact time with patient not supervised (Minutes) ³	Assistant Initials	SLP/AUD Initials
				Direct (D) D	Indirect (I) I			
Totals for direct (A), indirect (B) and non-supervised (C) time:				A=	B=	C=		
Sum total of contact time of assistant with client: (A+C)						S=		
% Direct Supervision: (A / S) x 100				(_____ min. / _____ min.) x 100 = _____ %				
% Supervision : (A+B) / S x 100				(_____ min. / _____ min.) x 100 = _____ %				

JULY 2021
NOTE : The totals (grey squares) should be calculated using all the information (data) gathered for the time period. KEEP THESE FORMS ON FILE FOR 3 YEARS IN CASE OF AUDIT. DO NOT SEND TO THE NBASLPA OFFICE UNLESS REQUESTED.

Footnotes
¹The reliability standard between the supervisor and the communication health assistant must be per the Supervision Plan in accordance with Rule 15.4.1 d
² The supervisor must provide supervision as per the Supervision Plan in accordance with Rule 15.4.4
³ Time spent with client without direct supervision of SLP/AUD.