

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

Appendix A: Supervisory Plan

Date: _____

Supervisor: _____

CHA: _____

Caseload: scope of practice: team needs, clinical skills, CHA experience, scheduling

Patients/Clients: children adults mixed other (specify) _____

Speech Language Pathology:

stimulability articulation phonology grammar motor speech intelligibility
 other NA

Audiology:

Screening _____ _____ _____ NA

Scheduling:

• Who will contact the patient/client for scheduling? CHA Supervisor Other

NOTES:

Staff Needs & Non-Clinical Activities: what, when, how often, set-up

Attend team meetings and team building activities YES NO

Prepare materials as requested by the team YES NO

Put together home programs YES NO

Transcribe language samples and narratives YES NO

Assist with group programs YES NO

Participate in group programs YES NO

Scheduling (intervention, groups) YES NO

Hearing screenings YES NO

Routine cleaning YES NO

Routine toy washing YES NO

Other: _____ YES NO

_____ YES NO

_____ YES NO

_____ YES NO

_____ YES NO

Clinical Observations: needs, preferences, scheduling

Areas:

Plan:

Supervision Consultations: regular schedule? As needed? Upon request?

Plan:

CHA Needs & Expectations: type of feedback preferred, preferences for the supervision process, communication
Is there anything that you would like your Supervisor to know?

Skill Level & Supervision

CHA Experience, Skill, Confidence:

Level of Supervision required:

Other:

Review Supervisory Plan:

(date)