

## REQUIREMENTS FOR REGISTERING A SLP-ASSISTANT

1. For registration, the following information must be presented to the Board of Examiners:
  - a. Evidence of successful completion of an Associate's Degree in Speech-Language Pathology Assisting from an accredited institution of higher learning, community college, or equivalent program; or evidence of successful completion of a Bachelor's Degree from an accredited institution as well as evidence of successful completion of the following Speech-Language Assisting curriculum courses developed by the N. C. Department of Community Colleges:
    - Introduction to Speech-Language Pathology (SLP III or equivalent)
    - SLP Office Procedures (SLP 120 or equivalent)
    - Disorders and Treatment I (SLP 211 or equivalent)
    - Disorders and Treatment II (SLP 212 OR equivalent)
    - Assistive Technology (SLP 220 OR equivalent)
    - SLP Field Work (SLP 230 or equivalent)
    - SLP Field Work Seminar (SLP 231 or equivalent)
  - b. A passing score on a competency test approved by the Board of Examiners
  - c. Registration form signed by SLP-Assistant and supervising licensee(s)
2. Licensees who register an assistant must hold a current, permanent license in North Carolina and must have held such a license, or equivalent qualifications from another state, for at least two years.
3. Licensees who register an assistant must submit the application and annual fee for registration to the Board. **The Board's policy with regard to fees requires that remitted checks must clear the bank before the assistant can be registered.** The only exceptions are those fees that are paid with money orders or certified checks.
  - a. Registration Fee - \$40.00
  - b. Annual Renewal Fee - \$40.00
4. Before the Board can approve the registration, the Primary Supervising Licensee must complete and return to the Board of Examiners the Learning Instrument for Licensed Speech-Language Pathologists to Register a SLP-Assistant.
5. The Primary Licensee must submit to the Board of Examiners the Assistant's competency checklist within ninety days of registration. A new competency checklist must be completed and filed within ninety days each time the Primary Supervising Licensee changes.
6. Before assigning a treatment task to an Assistant, the Licensee must first have evaluated the patient, written a general treatment plan, and provided the Assistant with a written session protocol specifying the eliciting conditions (A) the target behavior, (B) and the contingent response (C) for patient behaviors. A recommended format for this session protocol is enclosed.

## SUMMARY OF BASIC REQUIREMENTS SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

- Only speech-language pathologists licensed by the Board of Examiners may register speech-language pathology assistants. No other license, certification, or credential qualifies an individual to register and use assistants in North Carolina.
- The maximum number of assistants which a licensed speech-language pathologist may register with the Board of Examiners is two. This number is reduced to one assistant per licensee for licensees who are employed part-time, which is defined in the rules as less than 30 hours per week.
- More than one licensee may participate in the supervision of assistants, however only one individual is designated as the primary supervising licensee who registers the assistant with the Board and who has overall responsibility for the activities of the assistant. All primary and secondary supervisors must be identified to the Board.
- Speech-language pathology assistants must have the minimum of an Associate's Degree in Speech-Language Pathology Assisting, or equivalent training as approved by the Board. It is anticipated that very few candidates will meet all requirements through equivalency, particularly for supervised practicum. Abbreviated programs may be used with partially-qualified applicants to accelerate training to meet the full qualification standard.
- The assistant must be registered with the Board of Examiners before providing any direct services to students or clients.
- The scope of responsibilities for speech-language pathology assistants (i.e. tasks which the assistants are authorized to perform) as well as the requirements for supervision are defined in the approved rules.
- Speech-language pathology assistants may not bill patients or insurance directly for the services which they provide, however billing is processed through the primary supervising licensee.
- There is no reciprocity between states for speech-language pathology assistants, although reciprocity may be a future possibility if a standard national model emerges.

Instruction in the supervision standards is available through other organizations. The Board of Examiners has given a grant to the North Carolina Association of Supervisors in Speech-Language Pathology and Audiology to develop training materials in supervision as it relates to speech-language pathology assistants. Please contact the Board office if you wish to receive more information.

NORTH CAROLINA BOARD OF EXAMINERS FOR SPEECH & LANGUAGE PATHOLOGISTS & AUDIOLOGISTS

PO BOX 16885, GREENSBORO, NC 27416-0885 Telephone: 336-272-1828

Application for Registration of a Speech-Language Pathology Assistant

APPLICANT INFORMATION

Primary Supervisor: \_\_\_\_\_ SSN: \_\_\_\_\_ N.C. License #: \_\_\_\_\_
Number of Assistants you supervise: \_\_\_\_\_ I am currently employed \_\_\_\_\_ hours per week.

Secondary Supervisor: \_\_\_\_\_ SSN: \_\_\_\_\_ N.C. License #: \_\_\_\_\_
Number of Assistants you supervise: \_\_\_\_\_ I am currently employed \_\_\_\_\_ hours per week.

Name of Assistant

(First) (Middle) (Last)

Address:

(Street or PO Box) (City) (State) (ZIP Code)

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer & Employer's Complete Address: \_\_\_\_\_

(Street Address) (City) (State) (ZIP Code)

Exact Location Where SLP-A will provide services: \_\_\_\_\_
(If multiple sites, attach a list to the form)

(Street Address) (City) (State) (ZIP Code)

ACADEMIC INFORMATION

Training Program Major Degree Date

Speech-Language Pathology Assistant's Examination:

Date Exam Administered: \_\_\_\_\_ Score: \_\_\_\_\_

Supervisor

As supervisor of the above listed applicant, I have read Section .1000 - .1005 - Requirements for the Use of Speech-Language Pathology Assistants in Direct Service Delivery in North Carolina of Article 22 - Licensure Act for Speech-Language Pathologists and Audiologists and agree to abide by all of its requirements. I understand that as the supervisor, I accept responsibility for the professional services carried out by this SLP Assistant. I also certify that all information in this application is correct.

Primary Supervisor's Signature

Date

Secondary Supervisor's Signature

Date

Assistant

I have read Section .1000 - .1005 - Requirements for the Use of Speech-Language Pathology Assistants in Direct Service Delivery in North Carolina of Article 22 - Licensure Act for Speech and Language Pathologists and Audiologists and agree to abide by all of its requirements. I also certify that all information provided in this application is correct. I am currently employed \_\_\_\_\_ hours per week. (Part-time = 20-29 hours - Full-time 30 +)

Assistant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION .1000-REQUIREMENTS FOR THE USE OF SPEECH-LANGUAGE  
PATHOLOGY ASSISTANTS IN DIRECT SERVICE DELIVERY IN NORTH CAROLINA**

**.1001 DEFINITION**

- (a) **Board:** the North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists
- (b) **Licensee:** an individual who holds a current permanent license in speech-language pathology from the North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists
  - (1) **Primary Supervising Licensee:** the Licensee who supervises the majority of the Assistant's work, who is responsible for the Assistant's registration with the Board, and who bears the responsibility for all supervision requirements and of notifying the Board of any changes in registration information
  - (2) **Secondary Supervising Licensee:** a Licensee who may supervise the Assistant in the absence of the Primary Supervising Licensee to cover variations in work hours
- (c) **Assistant:** a Speech-Language Pathology Assistant who is registered by a Primary Supervising Licensee with the Board
- (d) **Treatment Protocol:** a written session plan clearly describing specific procedures for all treatment tasks, including:
  - 1) the eliciting conditions, 2) the target behavior(s), and 3) the consequences of target behaviors
- (e) **Registration:** the process through which an Assistant is approved by the Board to work with a Licensee to provide services to the public

**.1002 GENERAL REQUIREMENTS**

- (a) For registration, Assistants must present:
  - (1) evidence of successful completion of an Associate's Degree in Speech-Language Pathology Assisting from an accredited institution of higher learning, community college, or equivalent program
  - or
  - (2) evidence of successful completion of a Bachelor's Degree from an accredited institution as well as evidence of successful completion of the following Speech-Language Assisting curriculum courses developed by the N. C. Department of Community Colleges:
    - Introduction to Speech-Language Pathology (SLP III or equivalent)
    - SLP Office Procedures (SLP 120 or equivalent)
    - Disorders and Treatment I (SLP 211 or equivalent)
    - Disorders and Treatment II (SLP 212 or equivalent)
    - Assistive Technology (SLP 220 or equivalent)
    - SLP Field Work (SLP 230 or equivalent)
    - SLP Field Work Seminar (SLP 231 or equivalent)
  - (3) a passing score on a competency test approved by the Board
- (b) Authority to approve the curriculum or the equivalent courses for speech-language pathology assistants is vested in the Board of Examiners
- (c) A Licensee, who is employed full-time (30 hours/week or more), may register to be primary supervisor of no more than two (2) Assistants at any one time. A Licensee who is employed part-time (less than 30 hours/week) may register to supervise no more than one (1) Assistant at any one time. The Primary Supervising Licensee shall be responsible for assuring compliance with the registration process, these rules, and with ethical standards. Secondary Supervising Licensees may also be registered to supervise the Assistant, allowing for flexibility in scheduling.
- (d) The Primary Supervising Licensee must keep the Board apprised of any changes in registration information.
  - (1) Changes of supervising licensee(s) will require prior written approval of the Board and shall be requested in writing at least 10 days prior to the effective date.
  - (2) Changes that do not directly relate to patient care, such as change of address, must be reported to the Board in writing within ten (10) business days of the effective change.
- (e) The Primary Supervising Licensee shall remit to the Board an annual registration fee for the Assistant in the amount of \$40.00.

**.1003 LICENSEE REQUIREMENTS**

- (a) Licensees who register an Assistant must have held a current, permanent license in North Carolina for two years or equivalent qualifications from another state. Temporary license holders may not register Assistants.
- (b) Licensees who register an Assistant must demonstrate understanding of the basic elements of the registration and supervision process (scope of practice, ethics, written protocols, record keeping), and satisfactorily complete a knowledge demonstration on the registration/supervision process
- (c) Licensees must submit the application and annual fee for registration of the Assistant to the Board.
- (d) Licensees must assure that patients are informed when services are being provided by an Assistant.
  - (1) The Assistant must wear a badge that includes the job title: "Speech Pathology Assistant".
  - (2) When services are to be rendered by an Assistant, the patient or family must be informed in writing. This notification form must be kept on file in the patient's chart, indicating the patient's name and date notified.
- (e) Tasks that are within the scope of responsibilities for an Assistant are listed in Rules .1004 and .1005 of this Section. The standards for all patient services provided by the Assistant are the full responsibility of the Supervising Licensee and cannot be delegated. Therefore, the assignment of tasks and the amount and type of supervision must be determined by the Supervising Licensee to ensure quality of care, considering the skills of the Assistant, needs of the patient, the service-setting, the tasks assigned, and other relevant factors.
  - (1) Before assigning a treatment task to an Assistant, the Licensee must have first evaluated the patient, written a general treatment plan, and provided the Assistant with a written session protocol specifying the eliciting conditions (A), the target behavior (B), and the contingent response (C) for patient behaviors.
  - (2) The Supervising Licensee must document the Assistant's reliable and effective application of the treatment protocol with each patient. Each time a new protocol is introduced, the Supervising Licensee must assure and document that the Assistant is utilizing all three protocol elements (A, B, C) effectively.
  - (3) For every patient encounter (screening or treatment) in which an Assistant provides service, there must be clearly legible signatures of the Assistant and one Supervising Licensee.
  - (4) These signed and dated patient encounter records must be retained as part of the patient's file for the time period specified in Rule .0209 of this Chapter and may be requested by the Board.
  - (5) The Board may do random audits of records to determine compliance with its rules.
  - (6) When patient services are being rendered by an Assistant, the Supervising Licensee must be accessible to the Assistant in order to assure that direct observation and supervision can occur when necessary.
- (f) The Primary Supervising Licensee will assess the Assistant's competencies during the initial sixty (60) days of employment using a competency

- checklist approved by the Board. The completed checklist will be submitted to the Board within ninety (90) days of registration. A new competency checklist must be completed and filed within 90 days each time the Primary Supervising Licensee changes.
- (g) Any attempt to engage in those activities and responsibilities reserved solely for the Supervising Licensee will be regarded as the unlicensed practice of speech-language pathology and, as such, is subject to the jurisdiction of the Board of Examiners.

#### **.1004 AUTHORIZED TASKS OF SPEECH-LANGUAGE PATHOLOGY ASSISTANTS**

##### **(a) Direct Patient Services**

- (1) Obtaining case histories from patients and/or families and completing observation checklists.
- (2) Administering speech-language screening protocols, as directed by the supervising speech-language pathologist. These screening procedures, including tests and checklists or parts of tests and checklists, will have the purpose of determining the need for further (diagnostic) testing by the supervising speech-language pathologist and must meet the following criteria:
  - (a) Have unambiguous administration protocols and methods
  - (b) Consist of test items which require no more than a binary judgment (i.e., yes/no, present, absent)
  - (c) Require no more than a specifically-elicited single response
  - (d) Require no clinical interpretation by the assistant
- (3) Administering therapeutic protocols, provided that all of the following criteria are met:
  - (a) Supervision provided by the supervising speech-language pathologist(s) according to the supervision standards of the rules
  - (b) Utilizing appropriate stimuli according to a specified protocol determined by the supervising speech-language pathologist(s)
  - (c) Recording specific target behaviors
  - (d) Reinforcing the patient's responses appropriately following a specified protocol
  - (e) Providing appropriate cues following a specified protocol when the patient does not produce a correct response
  - (f) Summarizing observations of the patient's performance for the supervising speech-language pathologist(s)
- (4) Tabulating/scoring screening results, target behaviors, and performance data.
- (5) Managing the behavior of patients using behavioral management techniques, as directed by the supervising speech-language pathologist, to establish and maintain appropriate social interaction and motivation/attention to task
- (6) Preparing or positioning patients for evaluation or treatment following specific guidelines of the supervising speech-language pathologist and of the facility.
- (7) Communicating with patients, families, and professionals in order to respond appropriately and effectively to patient/family emotional needs and to alert the speech-language pathologist of any problems which may affect treatment outcomes or service quality.
- (8) Documenting written/verbal communication with patients, parents, families and educational or medical personnel on the above or related management issues, as directed by the supervising speech-language pathologist.
- (9) Direct patient services for evaluation are not within the approved scope of responsibilities for assistants.
- (10) Demonstration projects will be authorized by the Board to develop safe and effective swallowing protocols for speech-language pathology assistants

##### **(b) Indirect Patient Services**

- (1) Organizing and managing patient data and patient records, including the following examples:
  - (a) Documenting historical information in sequence (e.g., chronologically)
  - (b) Listing missing information
  - (c) Confirming, obtaining, and documenting orders/permissions
  - (d) Obtaining patient records from external agencies
  - (e) Recording patient information from medical or educational records
  - (f) Compiling session-to-session data and compiling/comparing outcome data
  - (g) Tallying scores on standardized and criterion-referenced tests which require no clinical interpretation by the assistant
  - (h) Calculating/determining percentages, frequencies, averages, percentiles, standard scores, etc. from raw data or reference manuals
  - (i) Graphing performance data
  - (j) Providing a clear, legible record of patient/client performance
  - (k) Administering and profiling patient satisfaction measurements
  - (l) Assigning/verifying communication disorder and procedure codes
  - (m) Scheduling/confirming patient appointments
  - (n) Recording treatment and procedure times
- (2) Transporting or escorting patients to/from the testing or therapy area
- (3) Arranging the clinical or treatment setting to maintain a safe and positive environment by providing appropriate seating, providing age-appropriate and culturally appropriate material or toys, and adjusting light and temperature.
  - (a) Creating materials and/or games to be used during therapy
  - (b) Assisting patients/families to obtain and organize materials needed for treatment programs
- (4) Managing, operating, programming, and/or monitoring clinical equipment and materials, including the following:
  - Assistive listening devices
  - Augmentative communication devices
  - Voice equipment
  - Audio recording equipment
  - Other audiovisual equipment
  - Computer-based equipment and software
  - (a) Setting up equipment and materials for feeding and swallowing sessions
  - (b) Setting up other clinical equipment or materials for tasks
  - (c) Verifying safety status of equipment
  - (d) Maintaining equipment records
- (5) Cleaning equipment, reusable materials, and treatment/work areas using appropriate infection control procedures
- (6) Adhering to the principles of universal precautions when providing services to patients/clients

##### **(c) Requirements For Providing Services Ethically and Responsibly**

- (1) Maintaining patient confidentiality and security of patient records.
- (2) Respecting the rights and dignity of all individuals.
- (3) Reporting any workplace conduct which appears to be unethical or illegal to the supervising speech-language pathologist and/or to the Board of Examiners.
- (4) Requesting assistance from the supervising speech-language pathologist, as needed, in order to ensure continuous service quality.

- (5) Observing universal precautions and safety procedures.
- (6) Releasing patients only to the care of appropriate caregivers.
- (d) **Participating in Research Activities**
  - (1) Categorizing task-related materials.
  - (2) Obtaining parent/patient permission forms.
  - (3) Conducting computer and literature searches.
  - (4) Encoding and analyzing data.
  - (5) Establishing reliability.
  - (6) Filing research information.
- (e) **Administrative and Clerical Tasks**
  - (1) Operating office equipment such as word processors, copying machines, laminating machines, fax machines, telephone and voice mail, e-mail, etc.
  - (2) Copying and sending reports, as appropriate.
  - (3) Documenting telephone calls and meetings.
  - (4) Operating and using scheduling, reporting, test scoring software, etc.
  - (5) Ordering and maintaining supplies and materials.
  - (6) Organizing and filing patient handouts and educational material.
  - (7) Verifying insurance coverage, filing insurance claims, and following up on denied claims.

**.1005 SUPERVISION REQUIREMENTS AND CONTINUING COMPETENCE REQUIREMENTS**

- (a) Discussing job expectations with the supervising speech-language pathologist(s) and having mutual understanding of job scope and specific responsibilities.
- (b) Participating in a specified amount of supervised training according to a written plan for all tests and clinical equipment which will be used for assessment and treatment.
- (c) Participating in a specified amount of supervised training according to a written plan in order to ensure correct use of treatment procedures and to demonstrate competent application of new treatment protocols (for example, whenever the stimulus, the target behavior, or the consequence(s) is changed).
- (d) Receiving regular, formal employment evaluations on a scheduled basis from the supervising speech-language pathologist(s) to assess one's performance, strengths, and weaknesses and to establish development goals for continuous performance improvement.
- (e) Requesting assistance, additional instruction, and/or additional supervision from the supervising speech-language pathologist, when needed.
- (f) Participating in various types of educational activities in order to enhance skill and knowledge, as assigned by the supervising speech-language pathologist.
- (g) Reading information assigned by the supervising speech-language pathologist.

**KNOWLEDGE DEMONSTRATION FOR LICENSED SPEECH-LANGUAGE PATHOLOGISTS  
TO REGISTER A SLP-ASSISTANT**

**NAME OF SLP-ASSISTANT:** \_\_\_\_\_

1. Who is completely responsible for the services provided by the registered SLP-Assistant?
  - a. Secondary Supervisor
  - b. Primary Supervisor
  - c. Employer
  - d. Board of Examiners
  
2. Whose caseload does the SLP-Assistant serve?
  - a. Secondary Supervisor
  - b. Any SLP who is employed at the same facility
  - c. Primary Supervisor
  - d. Both the caseload of the Primary Supervisor and the Secondary Supervisor
  
3. What is included in a written session plan (treatment protocol)?
  - a. the eliciting condition
  - b. the target behavior(s)
  - c. the consequences of target behaviors
  - d. All of the above
  
4. How many Speech-Language Pathology Assistants may be supervised by a licensee employed full time?
  - a. 1
  - b. 2
  - c. 3
  - d. 4
  
5. Who is responsible for keeping the Board of Examiners apprised of changes in registration information?

- a. SLP-Assistant
  - b. Primary Supervising Licensee
  - c. Both the Primary Supervising Licensee and the Secondary Supervising Licensee
  - d. SLP-Assistant
6. What is the correct designator to be used by the SLP-Assistant on all documents?
- a. SLP-A
  - b. Speech-Language Pathology Assistant
  - c. Assistant
  - d. SLP-Assistant
7. Which of the following is not required of a licensee when services are being rendered to the public by a SLP-Assistant?
- a. The Patient or family must be informed in writing
  - b. The SLP-Assistant must wear a badge including the job title: "Speech-Language Pathology Assistant"
  - c. The supervising licensee must be in the same building as the SLP-Assistant
  - d. The licensee must be accessible to the Assistant
8. Who must sign every patient encounter (screening or treatment) when services are provided by a SLP-Assistant?
- a. Primary Supervisor
  - b. Primary Supervisor and SLP-Assistant
  - c. Secondary Supervisor
  - d. SLP-Assistant
9. Which is not a required element of a session protocol?
- a. The protocol must be in writing
  - b. The protocol must be signed by the SLP-Assistant and the supervising licensee
  - c. The protocol must be signed by the patient or guardian
  - d. The protocol must specify the eliciting conditions, the target behavior, and the contingent response

10. The written treatment protocol must include all except:
- a. Specification of how the target behavior is to be elicited
  - b. Specifications of how data is to be collected
  - c. Specification of the target behavior
  - d. Specification of the contingent response to the patient's behavior

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Name of Supervisor (Please Print)

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Signature of Supervisor

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Date

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**FOR BOARD USE ONLY**

Date Learning Instrument Approved: \_\_\_\_\_

TREATMENT SESSION PLAN AND RECORD for \_\_\_\_\_ (date)

Patient: \_\_\_\_\_

Session #: \_\_\_\_\_

**PLAN**

**Record Target Behaviors**  
**Total      Acceptable      Percentage**

ACTIVITY: _____ A. _____ B. _____ C. _____			
ACTIVITY: _____ A. _____ B. _____ C. _____			
ACTIVITY: _____ A. _____ B. _____ C. _____			
ACTIVITY: _____ A. _____ B. _____ C. _____			

Notes/Comments: \_\_\_\_\_

Speech-Language Pathologist \_\_\_\_\_ Signature \_\_\_\_\_

Registered Speech-Language Pathology Assistant \_\_\_\_\_ Signature \_\_\_\_\_

DATE: \_\_\_\_\_

**NORTH CAROLINA BOARD OF EXAMINERS FOR  
SPEECH & LANGUAGE PATHOLOGISTS & AUDIOLOGISTS**

**PERFORMANCE-BASED COMPETENCY ASSESSMENT AND ORIENTATION CHECKLIST  
FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS**

**Printed SLP Assistant Name & Registration Number:** \_\_\_\_\_

**Printed Primary Supervising Licensee Name & License Number:** \_\_\_\_\_

**Instructions:** The primary supervising speech-language pathologist will complete this competency and orientation document during the first sixty (60) days of employment and forward the signed, original copy to the Board of Examiner's (the Board) office within 30 days of completion. A new competency assessment and orientation must be completed whenever the licensee who registers the assistant changes.

<u><b>QUALIFICATION AND EMPLOYMENT OVERVIEW</b></u>	<u>Meets Std</u>	<u>Does Not Meet Std</u>
1. The speech-language pathology assistant has completed an approved course of study acceptable to the Board, is currently registered with the Board, and is in good standing as a speech-language pathology assistant.	_____	_____
2. The speech-language pathology assistant has completed an employment orientation at all sites where speech-language services will be delivered by the assistant.	_____	_____
3. The speech-language pathology assistant knows and understands the approved rules for SLP-assistants, specifically Attachment 1 (Summary of Authorized Tasks and Supervision Requirements for SLP-Assistants).	_____	_____
4. The supervising speech-language pathologist has informed the SLP-Assistant of the overall scope of his/her duties and responsibilities in the specific employment context.	_____	_____

<u><b>DIRECT SERVICES TO PATIENTS/CLIENTS</b></u>	<u>Meets Std</u>	<u>Does Not Meet Std</u>
1. The speech-language pathology assistant conducts self in a courteous and appropriate manner in all communication and interaction with clients/patients, families, caregivers, and other staff.	_____	_____
2. The speech-language pathology assistant identifies self as a speech-language pathology assistant when greeting client and/or family.	_____	_____
3. The speech-language pathology assistant wears a name tag at all times which identifies him/her as an assistant.	_____	_____
4. The speech-language pathology assistant provides instructions and/or explanations of treatment to the patient/client which are clear and complete, and are appropriate for the patient/client's developmental level, language use, communication disorder, and level of understanding.	_____	_____
5. The speech-language pathology assistant has been instructed in the proper administration of the screening instruments/tests which will be used in the employment setting(s) and accurately administers these screening instruments, as prescribed by the supervising speech-language pathologist.	_____	_____

<u>Meets</u> <u>Std</u>	<u>Does Not</u> <u>Meet Std</u>
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- |   |       |       |
|---|-------|-------|
| 6. The speech-language pathology assistant accurately scores and reports the results of screening tests to the supervising speech-language pathologist.   | _____ | _____ |
| 7. The speech-language pathology assistant prepares treatment/screening materials before the beginning of each treatment/screening session, as directed by the supervising speech-language pathologist, assuring that such materials are appropriate to the patient/client's age, developmental level, culture, and communication disorder. | _____ | _____ |
| 8. The speech-language pathology assistant starts and ends treatment sessions on time and follows the written treatment protocol developed and prescribed by the supervising speech-language pathologist.   | _____ | _____ |

**HEALTH AND SAFETY STANDARD**

- |  |       |       |
|--|-------|-------|
| 1. The speech-language pathology assistant utilizes universal precautions and adheres to the infection control procedures and guidelines of the employer(s).   | _____ | _____ |
| 2. The speech-language pathology assistant will use appropriate procedures for the physical management of patients/clients and any necessary injury prevention strategies consistent with the employer's policies and with state regulation. | _____ | _____ |

**ACTION PLANS FOR UNMET STANDARDS**

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**SIGNATURES & DATES:**

\_\_\_\_\_  
Speech-Language Pathology Assistant

\_\_\_\_\_  
Registration Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Supervising Licensee

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date