View Tutorial

SLP-Assistant Revised PTBForm 20240319 *Required Field

*Employer/Business: _____

*Name: _____ *DOB: _____ *Cert. Period: _____ *Medicaid ID: _____ *Freq: _____ *Duration: _____

*Place of Service: __H-Home __ D-Daycare ___ C-Clinic __ S-School __ O-Other

*Type of Service: __Individual ___G-Group (list how many in group) _____ ___E-Evaluation __ A-Absent ___CDSA/EISC-Present __ P-Parent __ O-Other

*Short Term Goals
1.
2.
3.
4.
5.
6.
7.

*Skilled Intervention	Skilled Intervention	Skilled Intervention	Skilled Intervention		
1- _____ 2- _____ 3- _____ 4- _____ 5- _____	6- _____ 7- _____ 8- _____ 9- _____ 10- _____	11- _____ 12- _____ 13- _____ 14- _____ 15- _____	16- _____ 17- _____ 18- _____ 19- _____ 20- _____		
***Antecedent**	**Antecedent**	***Cues/Prompts**	**Cues/Prompts**	***Cues/Prompts Levels**	***Consequences**
1-Picture Cards ____ 2-Books ____ 3-Games ____ 4-Worksheets ____ 5-Crafts/art ____ 6-Songs ____ 7-Seasonal ____ 8-iPad/Computer ____	9-Word List ____ 10-Toys ____ 11-Manipulatives ____ 12- _____ 13- _____ 14- _____ 15- _____ 16- _____	1-V-Verbal ____ 2-Vi-Visual ____ 3-K-Kinestetic ____ 4-G-Gestural ____ 5-P-Phonemic ____ 6- _____ 7- _____ 8- _____	9- _____ 10- _____ 11- _____ 12- _____ 13- _____ 14- _____ 15- _____ 16- _____	I-Independent ____ MIN-Minimal ____ MID-Mid ____ MO-Moderate ____ MA-Maximum ____	(+) VP-Verbal Praise ____ (+) T-Token ____ (+) _____ (-) C-Cueing HRCHY ____ (-) VM-Verbal Model ____ (-) _____

_____(SLP-Assistant) has been properly trained, and observed directly by I, _____ (SLP supervisor), I certify the SLP Assistant will only be providing services within their scope as an SLP-Assistant and their personal skill level. I also certify that I understand the SLP-Assistant's actions while providing professional services fully under my license and I assume the responsibility as supervisor. *

*Primary Supervising SLP **(Print/Type)**: _____ *Date: _____ *Primary Supervising SLP **(Signature)**: _____

*SLP-Assistant **(Print/Type)**: _____ *Date: _____ *SLP-Assistant **(Signature)**: _____

This form shall meet the requirements for the NC Board of Examiners Only