

South Carolina Department of Labor, Licensing and Regulation
 Board of Examiner in Speech-Language Pathology and Audiology
Speech Language –Pathology Assistant (only)
 Projected On-The-Job-Training (OJT) Plan

Print clearly in black ink only or type the following information:

Applicant's Name: _____

Check one: Full time Part time

SUPERVISOR DATA: Name: _____ License Number: _____

Site Address: (Physical Location, P O. Box not acceptable)

Business Phone: _____

ACTIVITY/SUPERVISORY DATA:

(Note: The activity plan must comply with S.C. Ann Code 115-3(H)(I))

Activity to be Performed by Assistant	How Activity will be Taught/Supervised
1. Conduct speech-language or hearing screenings	___ Supervisor will model procedures/techniques for appropriate speech language and/or hearing screenings ___ Assistant will observe Supervisor and implement techniques learned ___ Supervisor will review and monitor and give feedback related to skills
2. Implements plan of care designed by the supervisor	___ Supervisor and Assistant will meet to review evaluate Plan of care for each client prior to start of services ___ Assistant will provide direct implementation as supervisor observes and provides feedback during weekly meetings ___ Co-treat and observe with clients to analyze progress as needed
3. Records information relative to clients performance	___ Supervisor will provide examples of adequate documentation for assistant to follow and monitor and observe weekly ___ Assistant will complete session record to document client performance for every session ___ Supervisor and Assistant will review and critique documentation for client performance and progress

4. Maintain clinical records	<p>___ Supervisor will provide sample clinical records for assistant and provide feedback for proper procedure to meet internal and external compliance.</p> <p>___ Supervisor and Assistant will conduct periodic internal file audit.</p> <p>___ Supervisor and Assistant will review and critique documentation for compliance on a regular scheduled basis.</p>
5. Report changes in client performance to supervisor	<p>___ Supervisor and Assistant will conduct weekly conferences to discuss client changes in performance and progress.</p> <p>___ Assistant will contact Supervisor immediately following any change/s in client status</p>
6. Prepare clinical materials	<p>___ Assistant will observe Supervisor and assist the Supervisor in choosing clinical materials.</p> <p>___ Prepare materials as outlined in clients plan of care</p> <p>___ Assistant will review with Supervisor specific materials to be used with each client.</p>
7. Test equipment for performance	<p>___ Supervisor will provide appropriate in-service regarding all testing equipment.</p> <p>___ Assistant will independently test equipment as Supervisor observes and provides feedback.</p>
8. Participate in projects planned and directed by the supervisor	<p>___ Supervisor will review any planned projects with Assistant.</p> <p>___ Assistant will complete any duties related to project as Supervisor provides ongoing review and feedback</p> <p>___ Weekly, Monthly and Quarterly meetings will be held to review progress</p>
9. Other: Please list any additional plans you may wish to include.	

I affirm that the Assistant and Supervisor have reviewed the plan together and the South Carolina Ann. Code 115-3. I fully understand my responsibilities to the Assistant and to the Board as a Supervisor of the Speech Assistant.

I UNDERSTAND THAT I AM RESPONSIBLE FOR THE SERVICES TO THE CLIENT THAT MAY BE PERFORMED BY THE ASSISTANT AND THAT I MUST ENSURE THAT ALL SERVICES ARE IN COMPLIANCE WITH THE PRACTICE ACT. I ALSO UNDERSTAND THAT I MUST KEEP CURRENT TRAINING AND PERFORMANCE RECORDS. THESE RECORDS MUST BE MADE AVAILABLE TO THE BOARD WITHIN 15 DAYS OF THE DATE OF THE BOARD REQUEST FOR RECORDS. IF THIS SUPERVISORY RELATIONSHIP CHANGES, I UNDERSTAND THAT I MUST IMMEDIATELY NOTIFY THE BOARD OFFICE IN WRITING.

Supervisor Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____