



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Supervised Professional Employment Plan (SPEP) Report  
Speech-Language Pathology/Audiology

**I. Temporary Licensee/SPEP Participant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: XXX-XX- \_\_\_\_\_

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

**II. Supervisor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: XXX-XX- \_\_\_\_\_

License number: \_\_\_\_\_

ASHA Certification Area: SLP      Audiology

**III. SPEP Setting:**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: \_\_\_\_\_

Beginning date of SPEP \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending date of SPEP \_\_\_\_/\_\_\_\_/\_\_\_\_

How many weeks of the SPEP does this report cover?      weeks

How many hours per week were spent in:

Speech-Language Pathology?      Hrs.      Audiology      Hrs.

**IV. Supervisory Activities:**

There were 36 supervisory activities during the SPEP, including 18 hours of on-site observations in direct client contact and 18 other monitoring activities. Yes      No

SPEP supervision was divided equally among three segments including 6 hours of on-site observation and at least 6 other monitoring activities during each segment of the SPEP. Yes      No

Direct clinical activities: At least 80% of the SPEP weekly activities must be in direct clinical activities related to the management process of individuals who exhibit communication difficulties. Specify the number of hours per week spent in each of the following activities.

<u>Activity</u>	<u>Hours per week</u>
Assessment/Diagnosis/Evaluation	_____
Screening	_____
Treatment (direct and indirect services)	_____
Activities related to client management (report writing, family/client consultation/counseling, etc.)	_____
In-Service Training	_____
<b>TOTAL</b>	_____

Complete the following chart indicating the distribution of on-site observation hours and other monitoring activities completed during each segment of the SPEP. Include only activities supervised by the individual identified as the supervisor in this report. Complete a separate SPEP Report for activities supervised by different individuals.

<b>Weeks of SPEP</b>	<b>Number of On-Site Hours</b>	<b>Number of Other Monitoring Activities</b>
Weeks 1-4		
Weeks 5-8		
Weeks 9-12		
Weeks 13-16		
Weeks 17-20		
Weeks 21-24		
Weeks 25-28		
Weeks 29-32		
Weeks 33-36		
Weeks 37-40		
Weeks 41-44		
Weeks 45-48		
Weeks 49-52		
Weeks 53-56		
Weeks 57-60		
Weeks 61-64		
Weeks 65-68		
Weeks 69-72		
<b>TOTAL</b>		

## Documentation of Skills:

While under my supervision during the SPEP, the temporary licensee exhibited a satisfactory level of competency for the skills listed below. A satisfactory level of competency means that, in most situations, the temporary licensee independently, accurately, and consistently performed the skills. The temporary licensee appropriately sought my supervision when needed outside of the normal supervisory activities.

1. Implements screening procedures.
2. Collects case history information and integrates information from clients, family, caregivers, significant others, and other professionals.
3. Selects and implements evaluation procedures non-standardized tests, behavioral observations, and standardized tests.
4. Adapts interviewing and testing procedures to meet individual client needs.
5. Interprets and integrates test results and behavioral observations, synthesizes information gained from all sources, develops diagnostic impressions, and makes recommendations.
6. Develops and implements specific, reasonable, and necessary treatment plans.
7. Selects/develops and implements intervention strategies for the treatment of communication and related disorders.
8. Selects/develops and uses intervention materials and instrumentation for the treatment of communication and related disorders.
9. Plans and implements a program of periodic monitoring of the client's communicative functioning through the use of appropriate data collections systems. Interprets and uses data to modify treatment plans, strategies, materials, and/or instrumentation to meet the needs of the client.
10. Adapts intervention procedures, strategies, materials, and instrumentation to meet individual client needs.
11. Schedules and prioritizes direct and indirect service activities, maintains client records, and documents professional contacts and clinical reports in a timely manner.
12. Complies with program administrative and other regulatory policies such as required due process documentation, reports, service statistics, and budget requests.
13. Demonstrates communication skills (including listening, speaking, nonverbal communication, and writing) that take into consideration the communication needs as well as the cultural values of the client, the family, caregivers, significant others, and other professionals.
14. Identifies and refers clients for related services including audiological, educational, medical, psychological, social, and vocational, as appropriate.
15. Collaborates with other professionals in matters relevant to case management.
16. Provides counseling and supportive guidance regarding the client's communication disorder to the client, family, caregivers, and significant others.

Any unsatisfactory practice was reported to the Mississippi State Department of Health as required and has been sufficiently corrected. I have discussed this report with the temporary licensee. I verify that my license in Mississippi was current throughout the SPEP.

Was the SPEP used to satisfy the requirements of a Clinical Fellowship Year (CFY) for certification by ASHA?

Yes      No

---

*Signature of Supervisor/License Number*

---

*Date*

I have read and discussed this report with my SPEP supervisor. I verified that my supervisor held current licensure in Mississippi throughout the entire SPEP. I agree/do not agree with the findings of this report.

---

*Signature of Applicant/License Number*

---

*Date*

**Note: The supervisor should submit the original copy to Professional Licensure and keep a copy for his/her records. A fee of \$25.00 payable to the Mississippi State Department of Health (MSDH) should be filed by the temporary licensee for a regular license.**