

Wyoming State Board of Examiners of Speech-Language Pathology and Audiology

2001 Capitol Ave, Room 127
Cheyenne, WY 82002

Supervision Clinical Rating Form

This form is to be completed by the supervisor ONLY.

The Board will not accept this form from the supervisee or through their hands in any way.

1. Supervisee Information

Last Name	First Name	Middle Initial
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2. Supervisor Information

Last Name	First Name	Middle Initial	Wyoming License Number
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I verify that I hold current ASHA or ABA certification and that I maintained this certification throughout my supervision in order for the experience to be accepted as meeting standards.

3. Supervision Information

Facility Name		Facility Phone	
Facility Address	City	State	Zip
Date Supervision Began (mm/dd/yyyy)	Date Supervision ended (mm/dd/yyyy)		Total # of weeks of supervision

4. Recommendations: If you answer "NO" to the following, please attach a written explanation.

I recommend that the clinical experience documented on this form be accepted by the Wyoming Board as meeting the requirements for the CCC-SLP or CCC-A.	☐ Yes ☐ No
I affirm that there were at least 12 supervisory activities during each segment of the SLPCF or Audiology CF, including 6 hours of on-site observations of direct client contact and 6 other mentoring activities.	☐ Yes ☐ No
I affirm that alternative methods of observation/mentoring activities were not used. (If alternative methods of observation/mentoring activities were used, prior approval was obtained from the Wyoming Board before using those alternative methods.)	☐ Yes ☐ No

5. Signature

I verify that I hold current ASHA or ABA certification and that I maintained this certification throughout my supervision in order for the experience to be accepted as meeting standards.

I verify by signing below that the information I have provided the board is accurate. Additional documentation will be provided upon request. Note: Providing false information to the board is a violation of the board's rules and may be subject to enforcement action.

Signature	Date
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