### **Department of Speech-Language Pathology Weekly Supervision Worksheet**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Areas for Improvement:

Areas of Strength:

Questions/Concerns regarding this week’s sessions:

Goals for the upcoming week:

* Review of hours
* Review of documentation
* Discussion of evidence-based articles

Student Signature: Date:

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Supervisor Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_