



**SUPPLEMENTARY EVALUATION FOR EVERY THREE MONTHS
OF THE PROFESSIONAL EMPLOYMENT EXPERIENCE
Form SPA-2B**

Print clearly in black ink or type the following information.

APPLICANT NAME _____.

Check one: Speech-Language Pathologist Audiologist

| I. EVALUATION - FIRST ONE-THIRD | | | |
|--|--------------|-----------------|----------------|
| Area | Below | Achieves | Exceeds |
| 1. Assessment/Diagnosis | | | |
| 2. Habilitation/Rehabilitation | | | |
| 3. Client/Patient Counseling | | | |
| 4. Record Keeping | | | |
| 5. Other | | | |

Signature of Evaluator: _____

Date: _____

| II. EVALUATION - SECOND ONE-THIRD | | | |
|--|--------------|-----------------|----------------|
| Area | Below | Achieves | Exceeds |
| 1. Assessment/Diagnosis | | | |
| 2. Habilitation/Rehabilitation | | | |
| 3. Client/Patient Counseling | | | |
| 4. Record Keeping | | | |
| 5. Other | | | |

Signature of Evaluator: _____

Date: _____

| III. EVALUATION - THIRD ONE-THIRD | | | |
|--|--------------|-----------------|----------------|
| Area | Below | Achieves | Exceeds |
| 1. Assessment/Diagnosis | | | |
| 2. Habilitation/Rehabilitation | | | |
| 3. Client/Patient Counseling | | | |
| 4. Record Keeping | | | |
| 5. Other | | | |

Signature of Evaluator: _____

Date: _____

| | |
|--|-------------|
| Signature of Provisional Licensee: _____ | Date: _____ |
|--|-------------|

TURN PAGE OVER AND COMPLETE OTHER SIDE.

Applicant Name _____

| IV. TYPE OF EVALUATION ACTIVITY | |
|---------------------------------|--|
| Activity | Number of hours per week spent by provisional licensee performing activity |
| 1. Assessment/Diagnosis | |
| 2. Habilitation/Rehabilitation | |
| 3. Client/Patient Counseling | |
| 4. Record Keeping | |
| 5. Other | |
| TOTAL HOURS | |

| V. EVALUATOR'S ON-SITE OBSERVATIONS AND MONITORING ACTIVITIES | | |
|---|----------------------|-----------------------|
| Indicate below the number of hours per week you spent providing on-site observation or other monitoring activities of the provisional licensee. | | |
| Activity | On-site Observations | Monitoring Activities |
| 1. Assessment/Diagnosis | | |
| 2. Habilitation/Rehabilitation | | |
| 3. Client/Patient Counseling | | |
| 4. Record Keeping | | |
| 5. Other | | |
| TOTAL HOURS: | | |
| TOTAL NUMBER OF ON-SITE VISITS: | | |
| TOTAL NUMBER OF MONITORING VISITS: | | |

| VI. CERTIFICATION | |
|---|--------------------------|
| <p>I have discussed this report with the provisional licensee and I recommend the provisional licensee for active licensure.</p> <p>I certify that the above information is true and correct to the best of my knowledge.</p> | |
| <p>_____</p> <p>Signature of Evaluator</p> | <p>_____</p> <p>Date</p> |
| <p>I have read and discussed this report with my evaluator.</p> <p>I certify that the above information is true and correct to the best of my knowledge.</p> | |
| <p>_____</p> <p>Signature of Provisional Licensee</p> | <p>_____</p> <p>Date</p> |



Charlie Crist
M.P.H.
Governor

Ana M. Viamonte Ros, M.D.,

Secretary

SUPERVISORY REPORT FOR PROVISIONAL LICENSEES Form SPA-2C

Print clearly in black ink or type the following information:

APPLICANT NAME _____.

Check one: Speech-Language Pathologist Audiologist

Each evaluator must complete a separate form verifying the professional employment experience they supervised.

| | | |
|---|---|--------|
| I. GENERAL INFORMATION | | |
| Evaluator's Name: | Business | Phone: |
| Evaluator's License Number: | <input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> Audiologist | |
| Evaluator's Business Address: | | |
| Office or Agency where experience took place: | | |
| Office or Agency Address: | | |
| Office or Agency Phone: | | |

| | |
|---|-----------------------------------|
| II. EVALUATION PERIOD | |
| A. Dates of the applicant's professional employment experience: | |
| Beginning: _____ | Ending: _____ = |
| month/day/year | month/day/year total number of |
| | weeks worked |
| B. Number of hours the applicant worked per week: | |
| Signature of Provisional Licensee: | Date: |
| Signature of Evaluator: | Date: |