

SLPA Weekly Activity Log

SLPA Name: ______ SLPA Supervisor: ______

 Start Date:

Patient	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
Total Treatment Time						
Total Direct Supervision						

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
Documentation Time						
Meeting with Supervisor						
Other Meetings/Conferences						
Observation of Sessions						
Equipment Maintenance						
Clerical Tasks						

S indicates supervised session



SLPA Weekly Activity Log Sample

SLPA Name: ______ SLPA Supervisor: ______

 Start Date:

Patient	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
Joe	30 min + S	30min	30 min	30 min	30 min	
Harry	15 min	30 min	Cancelled	30 min + S	45 min	
Rhonda		60 min + S		60 min		
Michael	30 min + S		30 min		30 min	
Louise		45 min(dc)				
Phil	60 min	15 min	60 min + S	45 min	30 min	
Marilyn	15 min	15 min + S	15 min	30 min	30 min	
Al	30 min + S		30 min		30 min	
Debra	45 min	45 min + S	45 min	30 min	30 min + S	
James	15 min	15 min	30 min + S	15 min	45 min	
Total Treatment Time						
Total Direct Supervision						

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
Documentation Time	60 min	60 min	60 min	60 min	30 min	
Meeting with Supervisor					90 min	
Other Meetings/Conferences	60 min		30 min			
Observation of Sessions		60 min		60 min		
Equipment Maintenance	30 min	30 min	30 min	30 min	30 min	
Clerical Tasks	60 min	45 min	90 min	30 min	60 min	

S indicates supervised session