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| **Name of District**  | **District Code#**  | **Special Education Director’s Name**  | **Dates of Scheduled Visit** |
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| **Speech-Language Pathologist-SLP (215AA)** |
| How many Speech-Language Pathologists (SLPs) are employed with the district? |  |
| List the name and license number of each SLP, total number of students on his/her caseload, and name of school(s) where services are being provided by the SLP. |
| **SLP Name**  | **Name of School(s)** | **License Number (attach a copy of license)** | **Caseload** |
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| Does the district have SLPs that serve as mentors for a 216A Speech-Language Therapist (SLT) in the district?  | **Yes** | **No** |
| **Mentor Name**  | **Schoo**l**(s)** | **Mentee Names** | **School(s)** |
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| Please provide a roster and schedule for each student listed on each SLP’s schedule specifying the area of language/speech disability (articulation, language, voice and/or fluency) with Individualized Education Programs (IEPs), Individualized Family Service Plans (IFSPs) and/or 504 Plans if applicable and location of where services are being provided with the amount of the time the student is receiving services. (Attach or include a copy of the daily schedule and roster.) |
| **Name of District**  | **District Code#**  | **Special Education Director’s Name**  | **Dates of Scheduled Visit** |
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| **Speech-Language Therapist-SLT (216A)** |
| How many Speech-Language Therapist (SLTs) are employed with the district? |  |
| List the name and license number of each SLT, total number of students on his/her caseload, and name of school(s) where services are being provided by the SLT. |
| **SLT Name**  | **Name of School(s)** | **License Number (attach a copy of license)** | **Caseload** |
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| What additional duties are assigned to the SLT? |
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| Please provide a roster and schedule for each student listed on each SLT’s schedule specifying the area of language/speech disability (articulation, language, voice and/or fluency) with Individualized Education Programs (IEPs), Individualized Family Service Plans (IFSPs) and/or 504 Plans if applicable and location of where services are being provided with the amount of the time the student is receiving services. (Attach or include a copy of the daily schedule and roster.) |