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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.) | | | | | | | |