



## STATE BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

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### CLINICAL DEFICIENCY PLAN FOR AN ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY FORM (Refer to §741.64 Board Rules)

#### **REQUIREMENT:**

The applicant for an assistant license must meet minimum standards requiring the twenty-five hours of observation and twenty-five hours of clinical assisting experience. It is critical that a licensed assistant have clinical experience before being placed in the position of assisting or providing services.

An applicant who did not obtain the 25 hours of clinical observation and/or 25 hours of clinical assisting experience within an educational institution does not meet the requirements for the assistant license. The applicant must first attempt to earn the required hours through a university training program. If this is not an option, the applicant must first obtain the assistant license in order to acquire the clinical hours within 60 days of issuance of the license.

#### **DEFICIENCY PLAN:**

***OBSERVATION:*** Twenty-five hours of observation must be of actual practice by a licensed Speech-Language Pathologist. The observation should have a preparation period where the assistant will be informed of the goals and procedures for each session. A log of observation is required.

***ASSISTING EXPERIENCE:*** Twenty-five hours of clinical assisting experience must include actual treatment experience and must be face-to-face interaction defined or prescribed by the licensed speech-language pathology supervisor. **The supervision will be of 100% face-to-face supervision of the sessions with appropriate logs.**

The assistant must be provided with experience consistent with the role of assisting the fully licensed professional in the performance of his/her professional role, not of independent function. The assistant should have a clear idea of what he/she is licensed to do, and is limited in doing. The assistant must understand the ethical and legal responsibilities of an assistant defined by the Act and Board Rules.

Clinical observation and clinical assisting experience must be designed and provided by the licensed speech-language pathologist (**supervisor**). **The supervisor must complete and submit the Supervisory Responsibility Statement for Assistant Form to the Board office and receive approval before allowing the assistant to acquire the hours.** (Note: The supervisor for an assistant in speech-language pathology must be a licensed speech-language pathologist).

The Board may ask for further information or revisions before approving or disapproving the plan.

**(Note: The plan must be approved by Board staff and the applicant's license issued before any observation or clinical assisting experience clock hours may begin.) *There will be no exceptions.***

**CLINICAL DEFICIENCY PLAN FOR AN ASSISTANT IN SPEECH-LANGUAGE PATHOLOGY FORM (Refer to §741.64)**

**PROPOSED SUPERVISOR'S NAME:** \_\_\_\_\_

**PROPOSED SUPERVISOR'S FAX #** (\_\_\_\_\_) \_\_\_\_\_ (Please do not put the board's fax #)

(for approval to be faxed back to the supervisor)

**APPLICANT FOR ASSISTANT LICENSE:**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

**LICENSED SUPERVISOR:**

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Qualifications: \_\_\_\_\_

**TRAINING:**

Training will be conducted under 100% face-to-face supervision by the licensed supervisor named above.  Yes  No

Describe the training that will be provided: (Mark all boxes that apply and give number of hours)

**Clinical Observation** for \_\_\_\_\_ hours:

\_\_\_\_\_ Therapy

\_\_\_\_\_ Other

(list) \_\_\_\_\_

**Clinical Assisting Experience** for \_\_\_\_\_ hours: (Check all areas in which you will train the assistant.)

- Conduct or participate in speech, language, and/or hearing screening;
- Implement the treatment program or the individual education plan (IEP) designed by the licensed speech-language pathologist;
- Provide carry-over activities which are the therapeutically designed transfer of a newly acquired communication ability to other contexts and situations;
- Collect data;
- Administer routine tests as defined by the Board;
- Maintain clinical records;
- Prepare clinical materials; and
- Participate with the licensed speech-language pathologist in research projects, staff development, public relations programs, or similar activities as designated and supervised by the licensed speech-language pathologist-define the activity on a separate sheet of paper.

Describe **where** the training will occur and **length** of sessions: \_\_\_\_\_

**(Note: The plan must be approved by Board staff and the license issued before any observation or clinical assisting experience clock hours may begin.)**

The clinical observation hours and/or clinical assisting experience must be completed in accordance with the Board approved plan within 60 days of the effective date of the license. If a change in the plan is necessary, the revised plan must be submitted to the Board office and approval granted before the training may begin. The revised plan must be completed within the original 60-day time period. Otherwise, the assistant's license shall be voluntarily surrendered and the assistant will be required to reapply for the license. ***There will be no exceptions.***

**COMPLETION DOCUMENTATION:**

**After the assistant’s clinical deficiency plan is approved, the supervisor will receive the following forms from the board. Please use the board prescribed forms.**

- **Completed Supervision Logs** that verifies the date the hours were acquired, a brief description of the training that was conducted during each session, and comments on the assistant's performance.
- **Completed Clinical Deficiency Plan Completion of Training for Assistants Form.** (Be sure to include the number of hours.)
- **Completed Rating Scale of Assistant's Performance Form.**

After the training has been completed, the supervisor must complete, sign and submit the forms to the board office.

**IF DOCUMENTATION IS NOT RECEIVED WITHIN 60 DAYS OF THE ISSUE DATE OF THE ASSISTANT'S LICENSE, THE LICENSE SHALL BE CONSIDERED VOLUNTARILY SURRENDERED.**

\_\_\_\_\_  
Signature of applicant for assistant license

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor providing the training

\_\_\_\_\_  
Date

**If you have any questions, please contact us at (512) 834-6627.**

**Please review to be sure all information is correctly completed and all documentation has been submitted. Missing documentation and incomplete forms may delay your approval.**

**The pages 2 and 3 of this completed form can be faxed to the board office at:** (Please provide proposed supervisor’s name and fax number at the top of page 2 for approval to be faxed back)

**(512) 834-6677, Attention: SPEECH**

Or by emailed at: [Speech@dshs.state.tx.us](mailto:Speech@dshs.state.tx.us)

Or by mail to:  
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