

# ANNUAL EVALUATION REPORT

## SPA-3D

Print clearly in black ink or type the following information.

<b>I. ASSISTANT DATA</b>	
Assistant's Name:	Business Phone:
Assistant's Certificate Number:	<input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> Audiologist

<b>II. SUPERVISOR DATA</b>	
Supervisor's Name:	Business Phone:
Supervisor's License Number:	<input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> Audiologist

<b>III. EVALUATION DATA</b>	
Rate the assistant on the following activities each year. You must indicate the assistant's performance as: Below, Achieves, or Exceeds.	
<b>Activities</b>	<b>Evaluated Annually after the First Year, and on termination.</b>
Screen speech-language or hearing	
Implements evaluative or management programs or procedures planned/ designed by the supervisor	
Record, chart, graph information relative to clients performance	
Maintain clinical records	
Report changes in client performance to supervisor	
Prepare clinical materials	
Test equipment for performance	
Participate in projects planned and directed by the supervisor	
Signature of Supervisor:	Date:
Signature of Assistant:	Date: