



**ANNUAL EVALUATION REPORT
SPA-3D**

Print clearly in black ink or type the following information.

I. ASSISTANT DATA

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

II. SUPERVISOR DATA

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

III. EVALUATION DATA

Rate the assistant on the following activities each year. You must indicate the assistant's performance as: Below, Achieves, or Exceeds.

Activities	Evaluated Annually after the First Year, and on termination.
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:
-------------------------	-------