



Alberta College of  
Speech-Language Pathologists  
and Audiologists

*Guideline:*

# **Speech-Language Pathologists' and Audiologists' Guideline for Working with Support Personnel**

Revised March 2021; January 2021;  
First Published January 2011



# Speech-Language Pathologists’ and Audiologists’ Guideline for Working with Support Personnel

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## Navigating this Guideline

This guideline specifically addresses the responsibilities of the registered speech-language pathologist (SLP) or audiologist when support personnel (SP) assist with service delivery. This document utilizes the following icons:



The **Standards of Practice** icon, in addition to text contained within a box, will draw the SLP's or audiologist's attention to the minimum expected level of performance of a member in the provision of quality services.



The **Tools and Templates** icon provides the SLP or audiologist with checklists and documents that can be used to assist them when working with SP. Click on the bolded title of the document to view/print the tool and/template. If you are using a printed version, these documents will all be available in the Appendices.



The Magnifying Glass is used to identify the first time that a key term is mentioned. The key term is italicized, bolded, and defined in the Glossary of Terms.



The **Link** icon references resources that the SLP or audiologist may want to review. These are typically external additional resources that may be helpful and can be accessed by clicking on the bolded title.

The Tools and Templates and the Links are documents that can be used independently by the SLP or audiologist, or in collaboration with SP and their employers. Working together with SP and employers is encouraged to enhance efficiency and effectiveness of overall speech-language pathology and audiology services.

ACSLPA recognizes that variations in service setting and working conditions may necessitate innovative approaches in the management and clinical supervision of SP. Should questions arise, concerned individuals are encouraged to consult with the Director of Professional Practice ([dpp@acslpa.ca](mailto:dpp@acslpa.ca)) or the Audiology Practice Advisor ([audiology@acslpa.ca](mailto:audiology@acslpa.ca)).

## Acknowledgement

ACSLPA would like to thank the dedicated volunteers who shared their expertise by participating on the Support Personnel and Clinical Supervision Ad-Hoc Committee. We would also like to thank the volunteers on ACSLPA's Practice Advisory Committee for their thoughtful review and revisions, and the regulated members who provided their feedback on a draft version of this guideline.

ACSLPA acknowledges Alberta Health Services for permission to adapt Tables 3 and 5 and Appendix A from their 2016 document, *Assignment, Monitoring and Evaluation of Therapy Assistants*. \*

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**Guideline:** *Provides recommendations to regulated members that are deemed to be acceptable practice within regulatory requirements. Regulated members are afforded reasonable use of their professional judgment in the application of a guideline.*

## Purpose

The Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) protects the public by regulating the professional practice of speech-language pathologists and audiologists in Alberta. ACSLPA exists to ensure that the public receives competent, ethical speech-language pathology and audiology services.



This guideline addresses the responsibilities of the registered **speech-language pathologist** (SLP) or **audiologist** when **support personnel (SP)** assist with service delivery. In accordance with the ACSLPA *Standards of Practice*:



A regulated member of ACSLPA is responsible and accountable for services delivered by personnel under their direction and supervision (i.e., support personnel and speech-language pathology and audiology students).

## Support Personnel

### Support Personnel (SP) Job Titles:

SP are individuals who, following academic and/or on-the-job training, perform activities that are assigned by the SLP or audiologist and hence, require supervision by an SLP or audiologist irrespective of the work setting. SP may have a variety of working titles; Refer to Table 1 for a list of common SP job titles. This list is not exclusive, and the responsibilities of the supervising SLP or audiologist do not vary based on the specific job title of the SP.

Table 1: Support Personnel – Commonly Used Job Titles:

SLP SP Titles	Audiology SP Titles
<ul style="list-style-type: none"><li>• Speech-Language Pathologist Assistant (SLPA)</li><li>• Communicative Disorders Assistant (CDA)</li><li>• Communication Health Assistant (CHA)</li><li>• Rehabilitation Assistant (RA)</li><li>• Special Needs Assistant (SNA)</li><li>• Speech-Language Assistant (SLA)</li><li>• Therapist Assistant (TA)</li><li>• Educational Assistant (EA)</li><li>• Classroom Aid (CA)</li></ul>	<ul style="list-style-type: none"><li>• Audiologist Assistant (AA)</li><li>• Audiometric Technician (AT)</li><li>• Hearing Aid Technician (HAT)</li><li>• Speech and Hearing assistant (SHA)</li><li>• Therapy Aid (TA)</li><li>• Therapy Assistant (TA)</li><li>• Speech-Language Pathologist Assistant (SLPA)</li></ul>

SP are prohibited from using protected titles and abbreviations (speech-language pathologist, speech therapist, speech pathologist, SLP, R.SLP, audiologist, Aud, or R.Aud), either alone or in combination with other words, as they are not registered members of ACSLPA [*Health Professions Act* section 128(1) and (5)]. They are also not allowed to advertise in a manner that implies that they are an SLP or audiologist.



The regulated member must refrain from entering into an employment agreement whereby they clinically supervise the person who employs them (whether in a paid or volunteer capacity) <sup>Indicator M</sup>.

A conflict of interest exists for the SLP or audiologist when they are required to clinically supervise SP who also have the authority to terminate (or alter) their employment or contract. The client may be at risk of receiving inadequate care because the SLP or audiologist is not in a position to objectively evaluate the SP, given their position of authority, and the ability to terminate (or alter) the SLP's or audiologist's position. Therefore, in the interest of the client, this employment arrangement is not allowed.

While SLP and audiology students in training are not considered to be SP, an SLP or audiologist who supervises SP might find some of the resources that pertain to the supervision of SLP and audiology students of use. The following is an example of a free supervision resource:



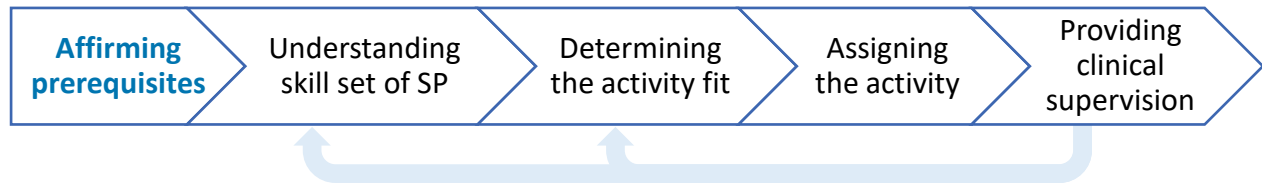
The [Preceptor Education Program \(PEP\)](#) is a supervision training tool that provides online modules. Topics include learning how to provide effective feedback and managing conflicts.

## The SLP or Audiologist Role:

Figure 1 illustrates the role of the registered SLP or audiologist when SP assist with service delivery. The SLP or audiologist needs to understand the different aspects of their role and the responsibilities associated with each.

### Affirming Prerequisites:

Figure 1: The Role of the Registered SLP or audiologist when SP Assist with Service Delivery

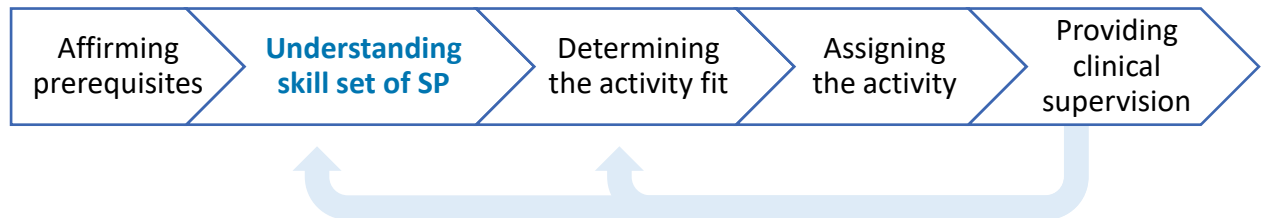


The SLP or audiologist determines the following:

- There are client(s) that would benefit from services provided by SP.
- The SP are the most appropriate individuals to perform the particular activity (i.e., certain tasks or activities such as a home program, by their nature, may be better assigned to a parent).

Having confirmed that there are clients who would benefit from the services of SP, the SLP or audiologist needs to carefully consider the skill set of the SP.

### Understanding the Skill Set of SP



The regulated member will provide sufficient on-the-job training and orientation to supervisees as it relates to the clinical and employment context <sup>Indicator B.</sup>

SP's training and experience is diverse, ranging from formally trained therapy assistants or those with extensive experience, to on-the-job trained educational assistants and teacher's aides, to those with minimal or no experience (Table 2). In the absence of formal education, it is the SLP's or audiologist's responsibility to provide sufficient training relevant to the tasks being assigned to ensure that the client receives competent, ethical services.



Table 2: Support Personnel

Factor	Scale			
	← Least Qualified		Most Qualified →	
SP Knowledge, Skills, and Competence	Limited or minimal on-the-job training	Some on-the-job training	More extensive training or experience	Therapy assistant diploma/bachelor's degree in communication disorders
	No past experience/ minimal experience	Some past experience/ less extensive experience	Past experience/ more extensive experience	Recent/ extensive experience
	Never conducted activity	Occasionally conducted activity	More routinely conducted activity	Frequently demonstrated skill
	Emerging or entry level competency	Demonstrated or basic competency	Demonstrated advanced competency	Demonstrated advanced competency
Training needs	Basic training related to assigned activities &/ or specific training on a new task required	Possible review of basic training &/ or specific training on a new task required		Periodic refresher training &/ or specific training on a new task required

## Determining the Activity Fit:



SP may be involved in a variety of **client service activities** and **administrative and support activities** under the direction and supervision of the SLP or audiologist.



The regulated member will optimize both client safety and outcomes by considering the following when assigning clinical activities to support personnel:

- i. the competence of the SP,
- ii. the client's individual needs, and
- iii. factors unique to the practice environment <sup>Indicator C.</sup>

All of these factors will potentially impact the SLP's or audiologist's decision to assign the activity. The interests and the safety of clients are of utmost importance. The SLP or audiologist needs to properly evaluate the risks to the client when considering or implementing service provision. Risks might include client safety, risk of an inappropriate intervention, or an intervention that is inappropriately administered. Table 3 illustrates how the various factors influence the overall level of risk.



As the SLP or audiologist considers the activity for assignment they need to be aware that tasks that involve clinical interpretation are generally not assigned to SP.



The regulated member will, except as permitted by indicator e) refrain from assigning activities to support personnel that involve clinical interpretation.

Activities that involve clinical interpretation include the following:

- i. Interpretation of assessment findings
- ii. Initial discussion of clinical findings, treatment rationale, or prognosis with clients
- iii. Determination of treatment goals and procedures, including the independent planning, development, or modification of treatment plans
- iv. Completion and sign-off on formal clinical reports
- v. Selection of clients for referral to other professionals or agencies
- vi. Discharging clients from service
- vii. Approval of clinical content in public education materials <sup>Indicator D.</sup>

Consistent with *Standard of Practice 4.4 Clinical Supervision*, some common examples of client service activities that can be assigned to SP are provided below, bearing in mind that this list is not exhaustive.

Table 4: List of Examples of SP Client Service Activities

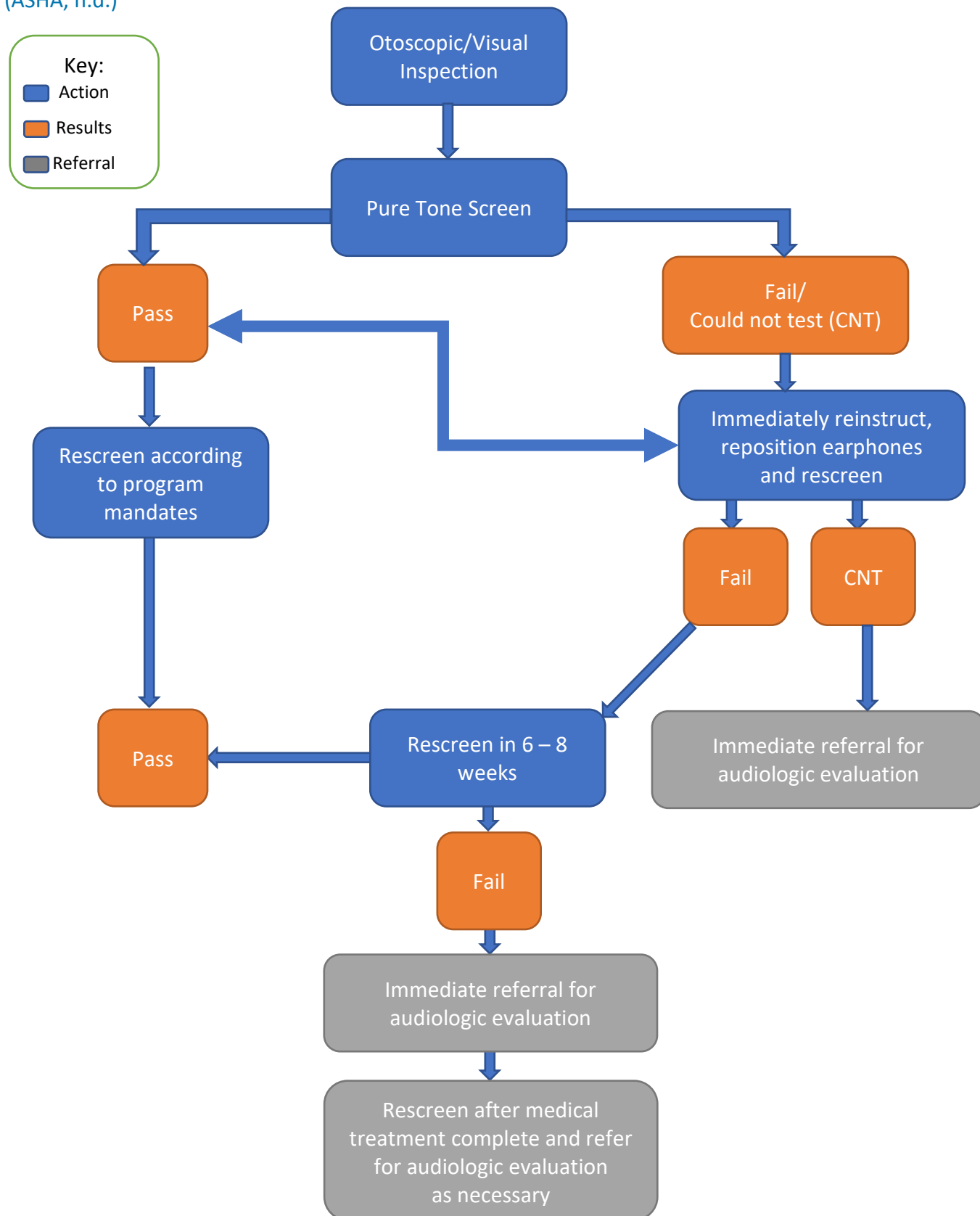
Speech-language Client-Service Activities	Audiology Client-Service Activities
<ul style="list-style-type: none"> <li>• Administration of screening tools (including hearing screening) and information gathering techniques, using established protocols and algorithms provided by the supervising SLP.</li> <li>• Assistance with client assessment (such as data collection related to informal probes, observations in natural settings, etc.).</li> <li>• Intervention with individuals on a 1:1 basis or in groups as prescribed in a treatment plan.</li> <li>• Facilitation of communication and related skills in natural settings.</li> <li>• Assistance with public education events and activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Administration of a variety of screening tools and procedures using established protocols and algorithms provided by the supervising audiologist.</li> <li>• Pure tone air conduction threshold measurements using established protocols and algorithms provided by the supervising audiologist.</li> <li>• Assistance with a variety of assessments, including preparation of clients for various forms of testing.</li> <li>• Ear impressions as per regulations for restricted activities.</li> <li>• Assistance with components of hearing aid fitting appointments.</li> <li>• Troubleshooting of hearing aids, FM systems, and wireless accessories.</li> <li>• Re-tubing earmolds and modifications to earmolds as directed by the supervising audiologist.</li> <li>• Assistance with public education events and activities.</li> </ul>



The SLP or audiologist provides a clearly documented algorithm or flowchart to be used by support personnel when activities that have a component of clinical interpretation are assigned to them <sup>Indicator E.</sup>

For example, SP may conduct hearing screenings that require interpretation, but a clearly defined flowchart provided by the supervisor directs the SP's work activities (Figure 2).

Figure 2: Flowchart Example: Childhood Hearing Screening Protocol - Pure Tone Audiometry Only (ASHA, n.d.)

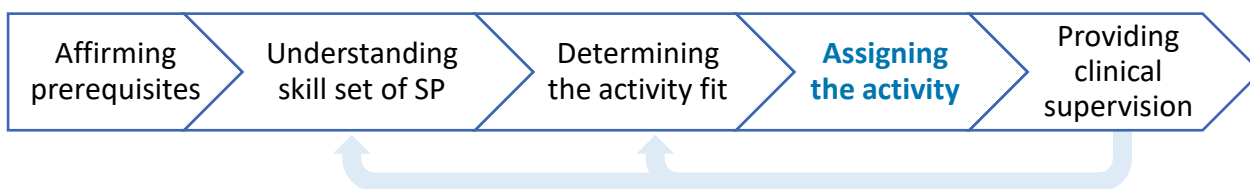


Having determined that the activity is appropriate for assignment, the SLP or audiologist needs to communicate with the client or family/caregiver and obtain their informed consent. In some situations, this communication may be prepared by the supervising SLP or audiologist but distributed orally or in written format by a SP on the supervisor's behalf.



The regulated member provides pertinent information to the client regarding the supervisee's role and responsibilities and obtains client consent for services delivered in this manner <sup>Indicator A</sup>.

### Assigning the Activities:



The SLP or audiologist is now prepared to assign the activity to the SP. For SP involved in client service activities that are specific to a particular client the SLP or audiologist should:

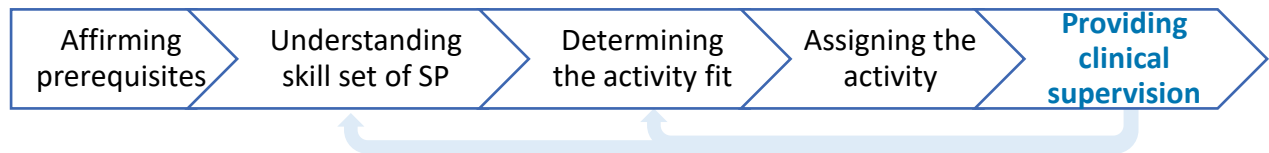
- Review the client's goals, objectives, and efficacy of the treatment with the SP.
- Confirm that the SP understands all instructions provided in written and/or verbal form.
- Confirm and/or provide the SP with specific training to effectively carry out the activity/activities.
- Check that the SP understands the limits of their role in relation to the client.
- Advise the SP of any risks, contraindications, precautions, as well as any other information necessary to ensure the safety of the client and the SP.
- The model of supervision to be used, based on the type and complexity of the goals and objectives, and the SLP's/audiologist's familiarity with the skills and abilities of the SP (refer to the following section entitled *Providing Clinical Supervision* for further details).



The **Intervention/Care Plan Template** has been created to assist the SLP or audiologist with documenting the assignment of activities. Alternatively, Alberta Health Services have shared their **Supervisory Plan** document. (refer to Standard of Practice 1.3 for further information regarding expectations of SLPs and audiologists with respect to client assessment and intervention).

For routine tasks or repetitive components of service delivery where SP are regularly involved (i.e., hearing screenings, language screenings, specific tasks or procedures), a standard written protocol or job description that includes the duties of the SP and a statement regarding the amount of supervision required (see below) will suffice. Deviation from the protocol would warrant additional documentation.

## Providing Clinical Supervision



The regulated member will determine the amount of both direct and/or indirect supervision that is required for support personnel under one's direction and supervision. The regulated member should have sound rationale to support these decisions and should be able to articulate this rationale as required <sup>Indicator G.</sup>

The purpose of supervision is to help ensure the delivery of competent, safe, quality, and ethical speech-language and audiology service and involves both direct and indirect forms.



**Direct supervision** means that the supervising SLP or audiologist is physically present within the environment or virtually present via real-time videoconferencing. The SLP or audiologist observes the SP carry out the assigned activity and can provide immediate feedback, redirection, and modeling as necessary.



SP may assist the SLP or audiologist with a **restricted activity**. As per the *Speech-Language Pathologist and Audiologists Profession Regulation*, the supervising SLP or audiologist (a) must be authorized to perform the restricted activity being supervised, (b) have at least one year of experience and be competent in performing the restricted activity, and (c) be physically present and available to assist the SP in the performance of the restricted activity. If in the opinion of the supervising SLP or audiologist the SP does not require that level of supervision, they must be available for consultation while the SP performs the restricted activity.



The regulated member will comply with applicable regulations and standards of practice regarding assignment and supervision of restricted activities to supervisees <sup>Indicator F.</sup>



**Indirect supervision** means that the supervising SLP is not physically or virtually present when an assigned activity is being carried out. The SLP monitors and evaluates the SP's performance of assigned activities by reviewing audio/video recordings, written records, and/or through discussions with SP, clients, family, caregivers, team members, and/or employers.



The regulated member will monitor the services provided by supervisees on a regular, consistent basis, including client outcomes, modifying and/or reassigning service delivery as determined by the clients' needs <sup>Indicator H.</sup>

In determining the amount and type of both direct and indirect supervision necessary, the SLP or audiologist reconsiders the factors previously outlined in Table 3:

- The nature of the activity;
- The likelihood of an adverse event;
- The client’s conditions and needs;
- Anticipated rate of change;
- The SP’s knowledge, skills and competence; and
- The relationship the SLP or audiologist has with the SP.

In addition, it is important to consider the differing disorder types and severity levels of the clients on the SP’s caseload, ensuring that supervision covers the breadth and depth of that caseload.

Table 5: Supervision Guide

ACTIVITY FIT					
<b>UNDERSTANDING RISK</b>	Low/minimal risk				High/significant risk
SUPERVISION PROVIDED:					
<b>FREQUENCY and TYPE</b>	Infrequent Mostly indirect	Intermittent Direct and indirect	Regular Direct and indirect	Frequent Direct and indirect with easy access to SLP or audiologist	Continuous Mostly direct with immediate access to SLP or audiologist

[Adapted from Alberta Health Services, 2016 *Assignment, Monitoring and Evaluation of Therapy Assistants*.]



Appendix A, **Assignment Rubric: Factors, Understanding Risk and Supervision Guide** highlights the various factors that the SLP or audiologist needs to consider (Table 4) and also includes the supervision guide (Table 5).

### The Supervising SLP or Audiologist



The regulated member will be available for consultation through some mode of communication or develop a plan for supervision coverage when they are not available <sup>Indicator I.</sup>

Whenever SP are engaged in client service activities, the SLP or audiologist who assigned the activities needs to be available for consultation through some mode of communication. If the SLP or audiologist is not available a process needs to be in place that identifies an alternate SLP or audiologist for the SP. The SP needs to understand how and when to contact the SLP or audiologist or alternate to request advice.



The regulated member will inform employers and clients of the need to discontinue services provided by the supervisee when the SLP or audiologist is not available to provide required supervision and a coverage plan or replacement supervisor is not available (e.g. extended absence, resignation) <sup>Indicator J.</sup>



In the event of an unforeseen circumstance that requires supervisory input and the supervising SLP or audiologist is not available, the SP needs to discontinue intervention until such time as the supervising SLP or audiologist can be contacted.

Typically, the SLP or audiologist assigning an activity is responsible for the clinical supervision of the SP performing the activity. In situations where more than one SLP or audiologist is involved in client care and assigning activities to the SP, there must be clarity regarding who is responsible for supervision for each component of assigned care.



The regulated member will provide direction and supervision to SLP and audiology students who assign activities to SP and to SP who are mentoring and/or orienting other SP in training <sup>Indicator K.</sup>

The SLP or audiologist may also be working with SLP or audiology students in training. As part of their training, the students need to engage with SP and learn how to supervise and how to assign activities to SP. It remains the SLP's or audiologist's responsibility to provide clinical supervision in these instances. There may also be occasions where SP act as mentors for other SP in training. The SLP or audiologist needs to provide supervisory oversight to both the mentor and mentee when client care is involved.

### Supervision of Support Personnel



The roles and services provided by the SP may need to be evaluated by the SLP or audiologist. A **Support Personnel Performance Form** (adapted from ASHA) is provided to assist the SLP or audiologist with this endeavour that evaluates administrative skills, interpersonal skills, conduct in the work setting and technical skills.

Helpful suggestions in structuring an effective supervisory relationship include the following (Fall & Sutton, 2004):

- Establish clear written goals.
- Discuss the roles of both SLP or audiologist and SP, including the SLP's/audiologist's model of supervision.
- Discuss what the process of supervision will be like including the SLP's/audiologist's expectations.
- Communicate with the SP about the evaluation process, including expectations, timing, and criteria to be used.
- Establish a process to resolve conflict.
- Establish a process for ongoing feedback apart from any formal evaluations.
- Respect the SP while offering constructive criticism about behaviors.
- Maintain professional boundaries.
- Acknowledge SP anxiety and identify the sources of the anxiety.
- Create an atmosphere in which support and challenge coexist.
- Use communication techniques such as metaphors, analogies, and humor.
- Encourage a more egalitarian relationship through collaboration
- Monitor the relationship itself through the use of immediacy.
- Be present and available to SP.



Good communication between the SLP or audiologist and the SP is key to a successful working relationship. The SLP or audiologist may want to complete the [Communication Style Inventory](#) (Dieter, n.d., Wheat, n.d.) during a meeting with the SP to develop a better understanding of their own and the SP's communication style, and how communication styles can be adjusted to support better communication. The SLP or audiologist may also be interested in seeking feedback from the SP. The [Support Personnel Feedback for SLP or Audiologist Form](#) was created for this purpose.



[Supervisory Tips](#) are also available should the SLP or audiologist want further strategies and suggestions on how to enhance his/her supervisory skills. If the SLP or audiologist is interested in setting supervision as a competency goal he/she is encouraged to reference the [Self-Assessment of Competencies in Supervision](#).

## Supervision Concerns

Whenever, in the SLP's or audiologist's professional judgment, a SP's performance with a particular activity falls below an acceptable level, the SLP or audiologist should first endeavour to provide retraining or ensure that retraining of the SP in that activity has taken place. This retraining may involve increasing direct supervision and SLP or audiologist modeling of the activity. The SLP or audiologist should document the retraining provided as well as the ultimate success or failure of the retraining. If the retraining required is such that the quality or quantity of service delivery is jeopardized, the SLP or audiologist should change the activities assigned to the SP.

When concerns with SP's job performance are ongoing, the SLP or audiologist should alert the appropriate employer(s)/manager(s) regarding the situation, accompanied by supporting documentation, as applicable. Responses from employer(s)/manager(s) should be documented and together, a mutually agreeable plan of action should be determined. The SLP or audiologist should be prepared to assist the employer(s)/manager(s) in determining a further plan of action.



The regulated member will inform the appropriate employer/manager if there are support personnel performance concerns, despite direct and indirect supervision, activity modeling, retraining, and communication regarding performance concerns.

## Working with Employers

Ideally, the SLP or audiologist should participate in the hiring/selection of SP with their employer, as the SLP or audiologist can consider the service tasks and activities that could appropriately be assigned to SP. The SLP or audiologist can also determine if the skills and abilities of SP are appropriate to the overall goal of augmenting speech-language/audiology service delivery. Depending on the work environment however, an SP may be hired without input from the SLP or audiologist. Regardless, the expectation will be for the SP to assist the SLP or audiologist with client service activities and administrative and support activities that facilitate the provision of services for clients.

The SLP or audiologist may need to engage with their employer or the employer who hires SP in relation to the following topics:

## Foundational Requirements in the Workplace when Working with Support Personnel

In accordance with the ACSLPA *Code of Ethics* and *Standards of Practice*, the SLP or audiologist has the ultimate responsibility for speech-language/audiology service delivery. This includes assignment of service activities and clinical supervision of SP in carrying out these activities. The accountability of the SLP or audiologist is related to the activities that they have assigned to the support personnel (SP). The SP is then accountable for their performance of the activity as per the SLP's/audiologist's instructions.

In order to ensure successful working relationships with SP in the workplace, certain foundational elements are recommended. These should ideally be in place prior to the implementation of any program, and should include the following:

- Commitment to speech-language and/or audiology services provided by SP under the clinical supervision of an SLP or audiologist registered with ACSLPA.
- Understanding of the appropriate role of SP in speech-language and/or audiology service delivery, including benefits and restrictions.
- Provision of sufficient resources and empowerment of the SLP or audiologist to decide when and how to involve SP.
- Adequate support in the form of mentorship and/or peer support, particularly for new graduates and individuals inexperienced in working with SP.
- Allocation of sufficient time to adequately train and supervise SP, including explanation of tasks and the provision of any necessary written instructions.
- Clearly delineated processes regarding the documentation of SP performance (i.e., session feedback, documentation of any re-training provided and the outcome of that re-training on performance, etc.).
- Encouragement and support regarding ongoing learning opportunities and self-reflection for SP.
- For SP involved in the delivery of speech-language services, recognition of the cyclical nature of speech-language assessment and treatment, and the need to assign non-direct activities to SP (e.g., broad based language stimulation, theme-based material development, participation in training and development opportunities) during periods of less or limited direct intervention (e.g., during annual assessment and reassessment periods).

The employer and SLP or audiologist should work collaboratively to determine a mutually agreeable plan of action for each SP.

### Clarity of Roles and the Need for Supervision of Support Personnel:

Successful partnerships between SP, the SLP or audiologist and their employers, begins with clarity of the roles of both the SP and the SLP or audiologist. As noted previously, in accordance with the ACSLPA *Code of Ethics* and *Standards of Practice*, the SLP or audiologist has the ultimate responsibility for service delivery. The accountability of the SLP or audiologist is related to the activities that they have assigned to the SP. The SP is then accountable for their performance of the activity as per the SLP's/audiologist's instructions.

The SLP or audiologist is responsible for creating a supervision plan that considers the following:

- The portion of each SP's work time that the SLP or audiologist is responsible to supervise considering a variety of factors such as the SP competence and confidence, task complexity, client condition, impact on service, level of risk and timeframe. Based on these factors the SLP or audiologist will determine the minimum direct and/or indirect clinical supervision of the SP.
- Delineation of the tasks and activities assigned to the SP.

To achieve this, the SLP or audiologist needs to be aware of the following:

- Any site- or service-specific procedures for supervision and documentation, including procedures for handling inappropriate conduct, unprofessional behaviour, and/or poor task performance by SP.
- The implementation of policies that ensure completion of regular performance reviews with each SP. Depending on the roles and responsibilities of the manager/supervisor, this review may be the responsibility of the supervising SLP/ audiologist and/or the responsibility of an out-of-scope manager or designate. Ultimately, however, the accountability for overall job performance rests with the manager.

Should the supervising SLP or audiologist leave the work setting for any reason (e.g., maternity leave, illness, change of employment), it is understood that the assignment of client service activities to SP will cease. The exceptions to this policy would be as follows:

- Another registered SLP or audiologist will assume supervisory responsibility immediately.
- A documented plan exists to manage a short window of transition between the availability of supervising SLPs/audiologists.

In either event, direct and/or indirect clinical supervision of SP should be maintained.

### Supervision When the Speech-Language Pathologist or Audiologist and the Support Personnel Have Different Employers:

This is a unique situation where the SLP or audiologist is requested by their employer to clinically supervise SP from another agency. A written agreement with the employer of the SLP or audiologist is recommended that outlines the proposed sharing of personnel and should delineate the SLP's or audiologist's responsibilities. In some cases, it may be appropriate for the SLP or audiologist to facilitate this agreement as delegated by their employer.

A plan or policy should also be developed on how to address ongoing concerns with SP's job performance. Ultimate accountability for the SP's job performance rests with the SP's employer/manager but in accordance with the *ACSLPA Code of Ethics and Standards of Practice*, the SLP or audiologist has the ultimate responsibility for speech-language service delivery. This includes assignment of service activities and clinical supervision of SP in carrying out these activities. The accountability of the SLP or audiologist is related to the activities that they have assigned to the SP. The SP is then accountable for their performance of the activity as per the SLP's or audiologist's instructions.

In these situations, ACSLPA recommends that the SLP or audiologist provide all instructions and feedback regarding clinical performance to SP in written form and that they maintain a copy for their own records.

ACSLPA recognizes that variations in service setting and working conditions may necessitate innovative approaches in the management and clinical supervision of SP. Should questions arise, concerned individuals are encouraged to consult with the Director of Professional Practice ([dpp@acslpa.ca](mailto:dpp@acslpa.ca)) or the Audiology Practice Advisor ([audiology@acslpa.ca](mailto:audiology@acslpa.ca)).

## The Number of Support Personnel That Can be Clinically Supervised by the Speech-Language Pathologist/Audiologist

When assigning service activities to SP, the employer and the SLP or audiologist should consider how many SP can be appropriately supervised by one clinician. The maximum number of SP supervised by one SLP or audiologist varies in relation to a number of factors including, but not limited to the following:

- Type and number of service activities assigned to the SP.
- Skills and abilities of the SP.
- Experience level of the SLP or audiologist.
- SLP's/audiologist's responsibility for provision of direct service.
- Full-time equivalents (FTE) of the SLP or audiologist and the SP.
- Proportion of the SP's work time for which the SLP or audiologist is designated as supervisor.
- Work locations and travel requirements of the SLP or audiologist and the SP.
- Time required by the SLP or audiologist to provide adequate supervision as related to the above.

ACSLPA recognizes that variations in service setting and working conditions may necessitate innovative approaches in the management and clinical supervision of SP. Should questions arise, concerned individuals are encouraged to consult with the Director of Professional Practice ([dpp@acslpa.ca](mailto:dpp@acslpa.ca)) or the Audiology Practice Advisor ([audiology@acslpa.ca](mailto:audiology@acslpa.ca)).

These Tools and Templates are provided in the appendices as separate documents that can be easily printed and shared with an employer.



- **Foundational Requirements in the Workplace for Successful Use of Support Personnel**
- **Clarity of Roles and the Need for Supervision for Support Personnel**
- **Supervision when the SLP or audiologist and the Support Personnel have Different Employers**
- **The Number of Support Personnel that Can Be Clinically Supervised by the SLP or audiologist.**



The SLP or audiologist may also be interested in reviewing the [\*Speech-Language and Audiology Canada's Position Paper on the Role of SLPs in Schools\*](#).

## Glossary of Terms:

<b>Administrative and Support Activities</b>	Service activities that facilitate the provision of services to clients (e.g., materials preparation, activity set up and clean up, collating clinic data, scheduling, etc.)
<b>Assignment</b>	The process by which the SLP or audiologist designates a SP to carry out specific activities related to audiology service delivery. While specific client service activities may be assigned to SP, the SLP or audiologist remains accountable for the overall intervention plan.
<b>Audiologist</b>	An individual who is registered as a regulated member of ACSLPA and holds a valid practice permit. Audiologists have a responsibility to ensure that before performing any activity, whether restricted or not, that they are competent to perform the activity.
<b>Client</b>	As per ACSLPA's Code of Ethics (2009), client means "an individual, family, substitute decision-maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient(s) of the member's expertise."
<b>Client Service Activities</b>	SLP/audiology service activities that are undertaken to address the specific needs of individual clients (e.g., intervention activities).
<b>Employer</b>	Any administrator (e.g., manager, supervisor) from an agency employing the SLP or audiologist, the support person, or both parties.
<b>Intervention/Care Plan</b>	<p>A detailed written description of the goals, objectives, and techniques designated by the SLP or audiologist and guiding the intervention required to address a particular client's speech-language/hearing needs. The plan guides the SLP or audiologist and SP; it is intended to ensure optimal outcomes for clients during their course of care.</p> <p>Not a synonym for Individualized Program Plans (IPPs) used in education settings. While SLPs are encouraged to assist educators in developing IPPs for communicatively disordered students, in Alberta educators must maintain responsibility for writing and monitoring student IPPs.</p>
<b>Restricted Activities</b>	As defined by the Alberta Government, are procedures or services that require specific professional competencies to be performed safely; they may only be performed by individuals who are authorized by their College to perform them.
<b>Service Delivery</b>	A set of service activities designed and organized by SLP or audiologists to promote awareness, maintenance, and/or improvement of hearing, balance, and/or communication skills. Services are provided in a variety of environments, including hospitals, private practice, home care, continuing care institutions, and schools.

**Speech-Language Pathologist (SLP)** An individual who is registered as a regulated member of ACSLPA and holds a valid practice permit. SLPs have a responsibility to ensure that before performing any activity, whether restricted or not, that they are competent to perform the activity.

**Supervision - Clinical** A dynamic and evolving process involving the oversight of another's work (e.g., SP, audiology or SLP students). Regardless of the relationship, the purpose of supervision is to help ensure the delivery of competent, safe, and ethical audiology services. The SLP or audiologist is identified as having ultimate responsibility for the quality of the service.

**Supervision - Direct** The supervising SLP or audiologist is physically present within the environment or virtually present via real-time videoconferencing. The SLP or audiologist observes the SP carry out the assigned activity and can provide immediate feedback, redirection, and modeling as necessary.

**Supervision – Indirect** The supervising SLP or audiologist is not physically or virtually present when an assigned activity is being carried out. The SLP or audiologist monitors and evaluates the SP's performance of assigned activities by reviewing audio/video recordings, written records, and/or through discussions with the SP, clients, family, caregivers, team members, and/or employers.

**Support Personnel (SP)** Individuals who, following academic and/or on-the-job training, perform activities that are assigned and supervised by a SLP or audiologist registered with ACSLPA. Individuals functioning as SP may have a variety of working titles. SLP/audiology students in training are not considered to be SP.

## References

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Contact: [practice.consultation@albertahealthservices.ca](mailto:practice.consultation@albertahealthservices.ca)

ASHA, (n.d.), *Childhood Hearing Screening Protocols Flowcharts*. Retrieved from <https://www.asha.org/siteassets/practice-portal/hearing-screening-childhood/childhood-hearing-screening-protocols-flowcharts.pdf>

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Wheat, K. (n.d.). *Utilizing Support Personnel to Improve Your Practice* Retrieved from: <https://apps.asha.org/eweb/OLSDynamicPage.aspx?webcode=olsdetails&title=Utilizing+Support+Personnel+to+Improve+Your+Practice>



## Appendix A: Assignment Rubric: Factors to Consider, Understanding Risk and Supervision Guide

FACTORS TO CONSIDER:					
<b>Nature of the Activity</b> <ul style="list-style-type: none"> <li>How complex is it?</li> <li>Are there protocols or procedures in place?</li> <li>How predictable are the outcomes?</li> <li>Is the context complicated by the environment, involvement of others or limited supports?</li> </ul>	Routine activity performed often with well-defined context	Routine activity with well-defined context	Routine activity within more difficult or multifaceted context	Complex activity with well-defined context	Complex activity within difficult or multifaceted context
<b>Likelihood of Adverse Event</b> <ul style="list-style-type: none"> <li>What are the risks associated with the activity (consider the client, SP, others)?</li> </ul>	Minimal to no risk  Significant time can elapse before errors have an impact	Minimal risk  Some time before impact or errors are evident	Mild potential for risk  Short time before impact or errors are evident	Moderate potential for risk  Impact may be evidenced prior to next monitoring opportunity	High potential for risk  Errors have immediate/rapid impact
<b>Client</b> <ul style="list-style-type: none"> <li>Severity, stability &amp; complexity of condition</li> <li>Risk of deterioration or injury</li> <li>Degree of potential impact of the activity</li> <li>Client motivation or emotional state</li> </ul>	Stable  Commonly encountered condition / issues	Stable  Somewhat complex but familiar condition / issues	Fluctuating  More complex or less familiar condition / issues	High degrees of fluctuation  Complex and less familiar condition	Unstable  Complex and unfamiliar
<b>Anticipated Rate of Change</b> <ul style="list-style-type: none"> <li>Is the client's condition progressing or declining rapidly?</li> <li>Do strategies or plan of care require frequent modifications?</li> </ul>	Slow progress or decline with infrequent need for changes to strategies or plan of care	Moderate and predictable progress or decline with predictable need for changes in strategies or plan of care	Continuous progress or decline anticipated with regular need for review of strategies and plan of care	Continuous progress or decline with need for frequent modifications to strategies and plan of care	Rapid progress or decline with modifications required during the course of each intervention
<b>SP Competence &amp; Confidence</b> <ul style="list-style-type: none"> <li>Current skill, knowledge &amp; competence</li> <li>Recent experience with similar activities &amp; clients</li> <li>Frequency of conducting the assigned activity</li> <li>Familiarity with technologies &amp; equipment</li> <li>Confidence with the activity</li> </ul>	Able to anticipate outcomes and recognize the needs of the client quickly based on past experience  Acts as a coach and mentor to peers	Competent across contexts; flexible when working within the parameters of the activity.  Recent and frequent experience	Self-sufficient and consciously aware of outcomes and required modifications  Has experience and demonstrates competency in the given context	Basic competency and beginning understanding of potential adaptations  Limited experience with competence demonstrated in specific contexts	New to the activity and client population  Requires frequent instruction or redirection from the therapist
<b>Relationship with SP</b>	Very established	More Established	Established	Less Established	Not established
<b>OVERALL RISK</b>					
	None / minor				Major
SUPERVISION GUIDE					
<i>Adapted from Alberta Health Services (2016) Assignment, Monitoring and Evaluation of Therapy Assistants.</i>					
<b>FREQUENCY AND TYPE</b>	Infrequent Mostly indirect	Intermittent Direct and indirect	Regular Direct and indirect	Frequent Direct & indirect with easy access to therapist	Continuous Mostly direct with immediate access to direct supervision

## Appendix B: Intervention/Care Plan Template

Client: [Click or tap here to enter Client name.](#) Date: [Click or tap to enter a date.](#)

Revision Dates: [Click or tap to enter a date.](#) [Click or tap to enter a date.](#) [Click or tap to enter a date.](#)

Client Information :								
Client:			Support Personnel:					
Client Goal / Objective:	Click or tap here to enter text.							
Intervention Method:	Click or tap here to enter text.							
Intervention frequency with client:	SLP or audiologist	Click or tap here to enter number.	Support Personnel			Click or tap here to enter number.		
Skill to monitor:	Click or tap here to enter text.							
Monitoring strategies:	Click or tap here to enter text.							
Monitoring schedule:	Click or tap here to enter text.							
Supervision plan with SP:								
Communication mode (choose all that apply):	In person	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Video conference	<input type="checkbox"/>	Paper/Chart:	<input type="checkbox"/>
Frequency	Direct	Click or tap here to enter number and text.			Indirect	Click or tap here to enter number and text.		
Comments	Click or tap here to enter text.							

## Appendix C: Supervisory Plan

Date: \_\_\_\_\_

Mentor: \_\_\_\_\_

SLPA: \_\_\_\_\_

### Caseload: scope of practice: team needs, clinical skills, SLPA experience, scheduling

What children and which disorder areas will the SLPA work with on your team?

stimulability     articulation     phonology     grammar     motor speech     intelligibility

other \_\_\_\_\_

Scheduling:

- How will the children be chosen?     Referral date     School     Location of school     Priority

\_\_\_\_\_

- How many children per day/week? \_\_\_\_\_

- Who will contact the families for scheduling?     SLPA     Mentor     Other \_\_\_\_\_

NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Team Needs & Non-Clinical Activities: what, when, how often, set-up

Attend team meetings and team building activities     YES     NO    \_\_\_\_\_

Prepare materials as requested by the team     YES     NO    \_\_\_\_\_

Put together home programs     YES     NO    \_\_\_\_\_

Transcribe language samples and narratives     YES     NO    \_\_\_\_\_

Assist with group programs     YES     NO    \_\_\_\_\_

Participate in group programs     YES     NO    \_\_\_\_\_

Scheduling (intervention, groups)     YES     NO    \_\_\_\_\_

Hearing screenings     YES     NO    \_\_\_\_\_

Routine toy washing     YES     NO    \_\_\_\_\_

\_\_\_\_\_     YES     NO    \_\_\_\_\_

\_\_\_\_\_     YES     NO    \_\_\_\_\_

### Clinical Observations: needs, preferences, scheduling

Areas:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervision Consultations: regular schedule? As needed? Upon request?**

**Plan:**

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**SLPA Needs & Expectations: type of feedback preferred, preferences for the supervision process, communication**

**Is there anything that you would like your Mentor to know?**

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**Skill Level & Supervision**

**SLPA Experience, Skill, Confidence:**

**Level of Supervision required:**

<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
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**Other:**

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**Review Supervisory Plan:** \_\_\_\_\_

**(date)**

## Appendix D: Communications Style Inventory

This is an informal survey, designed to determine how you usually act in everyday related situations. The idea is to get a clear description of how you see yourself. On the answer sheet, circle A or B in each pair of statements below, which shows the one that MOST, describes you.

1. A) I'm usually open to getting to know people personally and establishing relationships with them.  
B) I'm not usually open to getting to know people personally and establishing relationships with them.
2. A) I usually react slowly and deliberately.  
B) I usually react quickly and spontaneously.
3. A) I'm usually guarded about other people's use of my time.  
B) I'm usually open to other people's use of my time.
4. A) I usually introduce myself at social gatherings.  
B) I usually wait for others to introduce themselves to me at social gatherings.
5. A) I usually focus my conversations on the interests of the people involved, even if that means straying from the business or subject at hand.  
B) I usually focus my conversations on the tasks, issues, business, or subject at hand.
6. A) I'm usually not assertive, and I can be patient with a slow pace.  
B) I'm usually assertive, and at times I can be impatient with a slow pace.
7. A) I usually make decisions based on facts or evidence.  
B) I usually make decisions based on feelings, experiences, or relationships.
8. A) I usually contribute frequently to group conversations.  
B) I usually contribute infrequently to group conversations.
9. A) I usually prefer to work with and through others, providing support when possible.  
B) I usually prefer to work independently or dictate the conditions in terms of how others are involved.
10. A) I usually ask questions or speak tentatively and indirectly.  
B) I usually make empathic statements or directly expressed opinions.
11. A) I usually focus primarily on ideas, concepts, or results.  
B) I usually focus primarily on persons, interactions, and feelings.
12. A) I usually use gestures, facial expression, and voice intonations to emphasize points.  
B) I usually do not use gestures, facial expressions, and voice intonations to emphasize points.
13. A) I usually accept others' points of view (ideas, feelings, and concerns).  
B) I usually don't accept others' points of view (ideas, feelings, and concerns)
14. A) I usually respond to risk and change in a cautious or predictable manner.  
B) I usually respond to risk and change in dynamic or unpredictable manner.
15. A) I usually prefer to keep personal feelings and thoughts private, sharing only when I wish to do to.  
B) I usually find it natural and easy to share and discuss my feelings with others.
16. A) I usually seek out new or different experiences and situations.  
B) I usually choose known or similar situations and relationships.
17. A) I'm usually responsive to others' agendas, interests, and concerns.  
B) I'm usually directed toward my own agendas, interests and concerns.
18. A) I usually respond to conflict slowly and indirectly.  
B) I usually respond to conflict quickly and directly.



### Answer Sheet

	<b>O</b>	<b>G</b>	<b>D</b>	<b>I</b>
	1A	1B	2B	2A
	3B	3A	4A	4B
	5A	5B	6B	6A
	7B	7A	8A	8B
	9A	9B	10B	10A
	11B	11A	12A	12B
	13A	13B	14B	14A
	15B	15A	16A	16B
	17A	17B	18B	18A
<b>Totals</b>	_____	_____	_____	_____

Total the numbers of items circled in each column and write it on the spaces above.

Now, compare the "O" column with the "G" column and circle the letter that has the highest total.

O      or      G

Then compare the "D" column with the "I" column and circle the letter that has the highest total.

D      or      I

## So What's the Verdict????

If you circled the G and D, you tend toward being a Controller/Director.

If you circled the O and D, you show many qualities of a Promoter/Socializer.

If you circled the O and I, you're predominantly a Supporter/Relater.

If you circled the G and I, you have lots of Analyzer/Thinker characteristics.



### **SUPPORTER/RELATER**

- Harmonizer
- Values acceptance and stability in circumstances
- Slow with big decisions; dislikes change
- Builds networks of friends to help do work
- Good listener; timid about voicing contrary opinions; concerned for others' feelings
- Easy-going; likes slow, steady pace
- Friendly & sensitive; no person is unlovable
- Relationship Oriented

### **ANALYZER/THINKER**

- Assessor
- Values accuracy in details & being right
- Plans thoroughly before deciding to act
- Prefers to work alone
- Introverted; quick to think and slow to speak; closed about personal matters
- Highly organized; even plans spontaneity!
- Cautious, logical, thrifty approach
- Thoughtful; no problem is too big to ponder
- Idea Oriented

### **PROMOTER/SOCIALIZER**

- Entertainer
- Values enjoyment and helping others with the same
- Full of ideas and impulsive in trying them
- Wants to work to be fun for everyone
- Talkative and open about self; asks others' opinions; loves to brainstorm
- Flexible; easily bored with routine
- Intuitive, creative, spontaneous, flamboyant approach
- Optimist: nothing is beyond hope
- Celebration Oriented

### **CONTROLLER/DIRECTOR**

- Commander
- Values getting the job done
- Decisive risk taker
- Good at delegating work to others
- Not shy but private about personal matters; comes on strong in conversation
- Likes to be where the action is
- Take charge, enterprising, competitive, efficient approach
- Fearless; no obstacle is too big to tackle
- Results Oriented

Survey taken from The Platinum Rule by Tony Alessandra, Ph.D. and Michael J. O'Connor Ph.D. New York, New York, Warner Brooks 1996

## Appendix E: Support Personnel Feedback for the SLP or Audiologist

Name of SLP or audiologist: \_\_\_\_\_ Date: \_\_\_\_\_

Please use the following 5-point rating scale to respond to each item or use N/A if the item does not apply.  
SD = Strongly Disagree / D = Disagree / N = Neither agree nor disagree / A = Agree / SA = Strongly Agree

Interpersonal Supervisory Skills	Rating
Encourages the support personnel's expression of feelings and opinions relevant to skill development.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Encourages the support personnel's expression of feelings and opinions relevant to client(s).	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Creates an atmosphere based on open communication enabling the support personnel to approach the SLP or audiologist regarding needs and concerns.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Accepts questions and comments without defensiveness.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Promotes confidence and encourages independence.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Technical Supervisory Skills	Rating
Provides adequate orientation to resources, facilities and learning expectations to support the client/caseload.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Answers questions and provides clarification related to roles and responsibilities.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Recognizes the support personnel's skill level and adjusts supervisory techniques accordingly.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Encourages the support personnel to utilize existing resources and materials.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Provides meaningful verbal/written feedback.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Provides positive feedback and confirms area(s) of strength.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Demonstrates knowledge.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Conducts direct supervision in accordance with supervision plan.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Conducts indirect supervision in accordance with supervision plan.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Promotes support personnel self-evaluation.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Engages in problem solving to effectively supervise communication disorders encountered during placement.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Overall Impressions	Rating
Overall the SLP or audiologist is effective as a supervisor.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A

**COMMENTS:**



## Appendix F: Support Personnel Performance (Page 1 of 2)

Name of Support Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Please use the following 5-point rating scale to respond to each item or use N/A if the item does not apply.  
SD = Strongly Disagree / D = Disagree / N = Neither agree nor disagree / A = Agree / SA = Strongly Agree

<b>Administrative Duties</b>	<b>Rating</b>
Assists with clerical skills and departmental operations (e.g. preparing materials, scheduling activities, keeping records)	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Assists with in in-service training	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Performs checks, maintenance, and calibration of equipment	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Supports SLP or audiologist in research projects and public relations programs	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Collects data for quality improvement	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Prepares and maintains patient/client charts, records, graphs for displaying data	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
<b>Interpersonal Skills</b>	<b>Rating</b>
Uses appropriate forms of address with patient/client, family, caregivers, and professionals (e.g. Dr., Mr., Mrs., Ms.)	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Greets patient/client, family and caregiver and identifies self as a speech-language pathology assistant	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Restates information/concerns to supervising SLP or audiologist as expressed by patient/client, family and caregivers as appropriate	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Directs patient/client, family and caregivers to supervisor for clinical information	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Is courteous and respectful in various communication situations	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Uses language appropriate to a patient/client, family, or caregiver's education level, communication style, developmental age, communication disorder and emotional state	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Demonstrates awareness of patient/client needs and cultural values	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
<b>Conduct in the Work Setting</b>	<b>Rating</b>
Recognizes own limitations	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Upholds ethical behavior and maintains confidentiality	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Aware of, and complies with, client safety policies, infection prevention and control policies, and privacy policies as set forth by the employer or agency	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Aware of, and complies with, occupational health and safety legislation, privacy legislation, and any additional legislation or provincial standards that may exist;	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Responds effectively to attitudes and behaviours of the client(s)	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Demonstrates an understanding of the client's abilities, and the impact of personal and environmental factors on their participation in the treatment process	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Identifies factors that may interfere with client treatment and discussing these with the supervising SLP or audiologist	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Implements principles of person-centered care	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Appropriately identifies the need for, and seeking, additional input from the SLP or audiologist, as required	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Identifies the need to refer questions from clients, caregivers, and colleagues to the SLP in a timely manner.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A

**Appendix F (con't) (Page 2 of 2)**

Use the same rating scale as above to respond to each item below or use N/A if the item does not apply.

<b>Technical Skills as Prescribed by the SLP or audiologist</b>	<b>Rating</b>
Selecting, preparing, and presenting materials to the client(s) consistent with the intervention plans delegated by the SLP or audiologist	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Appropriate presentation of stimuli and recording of responses	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Response discrimination (i.e., ability to discriminate between correct and incorrect responses)	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Effectively uses any necessary equipment, materials, and/or programs	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Completes clinical record-keeping and data entry	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Accurately administers screening instruments, calculates and reports the results of screening procedures to SLP or audiologist	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Provides instructions that are clear, concise, and appropriate to the client's developmental age, level of understanding, language use and communication style	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Follows treatment protocol as developed and prescribed by SLP or audiologist	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Provides appropriate feedback to patients/clients as to accuracy of their responses	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Identifies and describes relevant patient/client responses to SLP or audiologist	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Identifies and describes relevant patient/client, family, and caregiver behaviors to SLP or audiologist	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Uses appropriate stimuli, cues/prompts with the patient/client to elicit target behaviors as defined in the treatment protocol	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Provides culturally appropriate behavioral reinforcement consistent with the patient/client's developmental age and communication disorder	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Accurately reviews and summarizes patient/client performance	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Uses treatment materials that are appropriate to the developmental age and communication disorder of the patient/client and the culture of the patient/client/family.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Starts and ends the treatment session on time	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Accurately records target behaviors as prescribed by SLP or audiologist	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Accurately calculates chronological age of the patient/client	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Uses professional terminology correctly in communication with SLP or audiologist	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Correctly calculates and determines percentages, frequencies, and averages.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Maintains eligible records, log notes, and written communication	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
Appropriately paces treatment session to ensure maximum patient/client response Implements designated treatment objectives/goals in specific appropriate sequence	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A
<b>Overall Impressions</b>	<b>Rating</b>
Overall the SP is effective.	<input type="checkbox"/> SD <input type="checkbox"/> D <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> N/A

**COMMENTS:**

## Appendix G: Foundational Requirements in the Workplace when Working with Support Personnel

In accordance with the *ACSLPA Code of Ethics and Standards of Practice*, the speech language pathologist (SLP) or audiologist has the ultimate responsibility for speech-language or audiology service delivery. This includes assignment of service activities and clinical supervision of SP in carrying out these activities. The accountability of the SLP or audiologist is related to the activities that they have assigned to the support personnel (SP). The SP is then accountable for their performance of the activity as per the SLP's or audiologist's instructions.

In order to ensure successful working relationships with SP in the workplace, certain foundational elements are recommended. These should ideally be in place prior to the implementation of any program, and should include the following:

- Commitment to speech-language/audiology services provided by SP under the clinical supervision of an SLP or audiologist registered with ACSLPA.
- Understanding of the appropriate role of SP in speech-language or audiology service delivery, including benefits and restrictions.
- Provision of sufficient resources and empowerment of the SLP or audiologist to decide when and how to involve SP.
- Adequate support in the form of mentorship and/or peer support, particularly for new graduates and individuals inexperienced in working with SP.
- Allocation of sufficient time to adequately train and supervise SP, including explanation of tasks and the provision of any necessary written instructions.
- Clearly delineated process regarding the documentation of SP performance (i.e., session feedback, documentation of any re-training provided and the outcome of that re-training on performance, etc.).
- Encouragement and support regarding ongoing learning opportunities and self-reflection for SP.
- For SP involved in the delivery of speech-language services, recognition of the cyclical nature of speech-language assessment and treatment, and the need to assign non-direct activities to SP (e.g., broad based language stimulation, theme-based material development, participation in training and development opportunities) during periods of less or limited direct intervention (e.g., during annual assessment and reassessment periods).

The employer and SLP or audiologist should work collaboratively to determine a mutually agreeable plan of action for each SP.

## Appendix H: Clarity of Roles and the Need for Supervision of Support Personnel

Successful partnerships between support personnel (SP), the speech language pathologist (SLP) or audiologist and their employers, begins with clarity of the roles of both the SP and the SLP or audiologist. In accordance with the *ACSLPA Code of Ethics and Standards of Practice*, the SLP or audiologist has the ultimate responsibility for service delivery. This includes assignment of service activities and clinical supervision of SP in carrying out these activities. The accountability of the SLP or audiologist is related to the activities that they have assigned to the SP. The SP is then accountable for their performance of the activity as per the SLP's/audiologist's instructions.

The SLP or audiologist is responsible for creating a supervision plan that considers the following:

- The portion of each SP's work time that the SLP or audiologist is responsible to supervise considering a variety of factors such as the SP competence and confidence, task complexity, client condition, impact on service, level of risk and timeframe. Based on these factors the SLP or audiologist will determine the minimum direct and/or indirect clinical supervision of the SP.
- Clearly delineates the tasks and activities assigned to the SP.

To achieve this the SLP or audiologist needs to be aware of the following:

- Any site- or service-specific procedures for supervision and documentation, including procedures for handling inappropriate conduct, unprofessional behaviour, and/or poor task performance by SP.
- The implementation of policies that ensure completion of regular performance reviews with each SP. Depending on the roles and responsibilities of the manager/supervisor, this review may be the responsibility of the supervising SLP or audiologist and/or the responsibility of an out-of-scope manager or designate. Ultimately, however, the accountability for overall job performance rests with the manager.

Should the supervising SLP or audiologist leave the work setting for any reason (e.g., maternity leave, illness, change of employment), it is understood that the assignment of client service activities to SP will cease. The exceptions to this policy would be as follows:

- Another registered SLP or audiologist will assume supervisory responsibility immediately.
- A documented plan exists to manage a short window of transition between the availability of supervising SLPs or audiologists.

In either event, direct and/or indirect clinical supervision of SP should be maintained.

## Appendix I: Supervision When the Speech-Language Pathologist or Audiologist and the Support Personnel Have Different Employers

This is a unique situation where the Speech-Language Pathologist (SLP) or Audiologist is requested by their employer to clinically supervise support personnel (SP) from another agency. A written agreement with the employer of the SLP or audiologist is recommended that outlines the proposed sharing of personnel and should delineate the SLP's or audiologist's responsibilities. In some cases, it may be appropriate for the SLP or audiologist to facilitate this agreement as delegated by their employer.

A plan or policy should also be developed on how to address ongoing concerns with SP's job performance. Ultimate accountability for the SP's job performance rests with the SP's employer/manager but in accordance with the ACSLPA *Code of Ethics and Standards of Practice*, the SLP or audiologist has the ultimate responsibility for speech-language service delivery. This includes assignment of service activities and clinical supervision of SP in carrying out these activities. The accountability of the SLP or audiologist is related to the activities that they have assigned to the SP. The SP is then accountable for their performance of the activity as per the SLP's/audiologist's instructions.

In these situations, ACSLPA recommends that the SLP or audiologist provide all instructions and feedback regarding clinical performance to SP in written form and that they maintain a copy for their own records.

ACSLPA recognizes that variations in service setting and working conditions may necessitate innovative approaches in the management and clinical supervision of SP. Should questions arise, concerned individuals are encouraged to consult with the Director of Professional Practice ([dpp@acslpa.ca](mailto:dpp@acslpa.ca)) or the Audiology Practice Advisor ([audiology@acslpa.ca](mailto:audiology@acslpa.ca)).

## Appendix J: The Number of Support Personnel That Can be Clinically Supervised by the Speech-Language Pathologist/Audiologist

When assigning service activities to support personnel (SP), the employer and the SLP or audiologist should consider how many SP can be appropriately supervised by one clinician. The maximum number of SP supervised by one SLP or audiologist varies in relation to a number of factors including, but not limited to the following:

- Type and number of service activities assigned to the SP.
- Skills and abilities of the SP.
- Experience level of the SLP or audiologist.
- SLP's/audiologist's responsibility for provision of direct service.
- Full-time equivalents (FTE) of the SLP or audiologist and the SP.
- Proportion of the SP's work time for which the SLP or audiologist is designated as supervisor.
- Work locations and travel requirements of the SLP or audiologist and the SP.
- Time required by the SLP or audiologist to provide adequate supervision as related to the above.

ACSLPA recognizes that variations in service setting and working conditions may necessitate innovative approaches in the management and clinical supervision of SP. Should questions arise, concerned individuals are encouraged to consult with the Director of Professional Practice ([dpp@acslpa.ca](mailto:dpp@acslpa.ca)) or the Audiology Practice Advisor ([audiology@acslpa.ca](mailto:audiology@acslpa.ca)).