Early Steps Provider Supervision Form

Early Steps, Florida's Early Intervention Program (IDEA, Part C), requires that Therapy Assistants and Speech Language Pathologists with a provisional license provide information regarding their supervising therapist and that Board-Certified Associate Behavior Analysts (BCABA) provide information regarding their supervising Board Certified Behavior Analyst (BCBA) as part of the Early Steps application and approval process. Supervisors must be an approved Early Steps provider. Please complete the information below and attach a copy your supervisor's professional license or professional certification.

Applicant Information

Applicant's Full Name: _____ _____ ____ SS#:____ - ____ - ____
Please Print *Last* *First* *MI*

Provider Type: ☐ OT Assistant ☐ PT Assistant ☐ SLP Assistant ☐ SLP/Prov. ☐ BCABA

Address: _____
Please Print *Street* *City* *State* *Zip Code*

Telephone: ( ) Fax: ( ) Email:

Agency: Local Early Steps:

Supervisor Information

Supervisor's Full Name
(Must be same discipline as applicant): *Last* *First* *MI*

Address: _____
Please Print: Street *City* *State* *Zip Code*

Telephone: ( ) Fax: ( ) Email:

Agency: Local Early Steps:

This form must be maintained in the provider's file at the Local Early Steps.