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.