



SPEECH CERTIFICATION

UNDER THE DIRECTION AND ACCESSIBILITY

Agency Name: _____

I, _____, licensed Speech Language Pathologist with current license number _____ certify that I am providing supervision to the following Certified Speech Teachers/Therapists for the _____ - _____ school year:

NAME OF TSHH/TSSLD/CFY	CERTIFICATION #

I am providing accessibility in the following manner:

I will keep the appropriate records documenting that the “Under the Supervision of” activities have occurred (i.e., telephone logs, minutes of meetings, minutes of observations etc.)

Signature of Licensed Speech/Language Pathologist

Date

NYS License #

Expiration Date