

**CERTIFICATION OF
UNDER THE DIRECTION AND ACCESSIBILITY
FOR SPEECH THERAPY SERVICES**

School Year: _____

Name (TSHH/TSSLD): _____ Certification Number: _____
(Please circle one)

Signature of Certified TSHH or TSSLD Date

**I am providing accessibility to the Teachers of the Speech and Hearing Handicapped
in the following manner:**

I will keep the appropriate records documenting that the "Under the Direction of" activities have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student, etc.). I verify that I am providing "Under the Direction of" services to the above named TSHH/TSSLD.

Print Name of SLP: _____ NYS License #: _____ NPI #: _____

Signature of Licensed / ASHA Speech/Language Pathologist Date

Contact Information:

Child: _____ Date of Birth: _____