

**CERTIFICATION
OF
UNDER THE DIRECTION AND ACCESSIBILITY**

I, _____, CCC-SLP, Licensed Speech-Language Pathologist, with current license number _____ and ASHA Certification # _____ certify that I am providing "Under the Direction of" services to the following Certified Teachers of the Speech and Hearing Handicapped (Therapist) for the _____ - _____ school year:

Name of TSHH	Certification Number

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.**)

Signature of Licensed / ASHA Speech/Language Pathologist

Date

SLP's e-mail address

SLP's phone number

Hours available to TSHH - _____

Child: _____ **Date of Birth:** _____

SPEECH "Under the Direction of" LOG

CHILD NAME _____

SCHOOL YEAR _____

SPEECH SERVICES MANDATED _____

ASSIGNED TSHH _____

CERTIFICATION # _____

SUPERVISING SLP _____

LICENSE # _____ ASHA# _____

ACTIVITY	Meeting Date	Type of Meeting (Group, Individual, Telephone Etc.)	Services / Evaluation Recommended	SLP SIGNATURE
IEP REVIEW				
<i>INITIAL OBSERVATION - Face to Face with Child</i>				
FIRST QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>2nd OBSERVATION - Face to Face with Child</i>				
SECOND QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>3rd OBSERVATION - Face to Face with Child</i>				
THIRD QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>4th OBSERVATION - Face to Face with Child</i>				
FOURTH QTR REVIEW				
Meeting				
Meeting				
Meeting				

NOTE: The supervising SLP **MUST** provide an initial and subsequent periodic face to face contact for each student being serviced by a TSHH "under the direction of". The SLP must have on file the manner in which he/she has provided supervision to the TSHH for each and every child being serviced.