## OCCUPATIONAL/ PHYSICAL THERAPY "Under the Direction of "LOG

Child Name:		Agency:		
School Year:	OT/PT services Mandated:			
Assigned OTA/ PTA:		License #:	NPI #: : NPI #:	
Supervising OT /PT:		License #:	:NPI #:	
			on services have occurred (i.e. telephone logs vith each student and OTA/PTA)	, minutes of meetings. Minutes if
	Meeting	Type of Meeting	Notes	SUPERVISOR SIGNATURE
ACTIVITY	Date	(Group, Individual, Telephone etc.)		
IEP REVIEW				
INITIAL OBSERVATION-				
Face to face with child				
Summer Meeting				
INITIAL OBSERVATION-				
School Year				
Meeting				
1 <sup>st</sup> Quarter Review				
Meeting				
2 <sup>nd</sup> Quarter Review				
Meeting				
3 <sup>rd</sup> Quarter Review				
Meeting				
4 <sup>th</sup> Quarter Review				
Meeting				

NOTE: The Supervising OT/PT MUST provide an initial (within first 2 weeks) and subsequent periodic face to face contact for each student being serviced by OTA/PTA

<u>The PT: MUST</u> have on file the way he/she has provided supervision to the PTA of each, and every child being serviced. (One PT cannot supervise more than four (4) PTA per Article 136, section 3738 a.) **The OT**: <u>MUST</u> have on file the way he/she has provided supervision to the OTA of each, and every child being serviced The Supervision must be direct.

If a student has both an individual and a group session within the same discipline. The supervisor only needs to provide a face-to-face session with the child once. Please document the same date for both sessions.

<sup>\*</sup>Upload document to the CPSE Portal quarterly\*