## **SPEECH "Under the Direction of " LOG**

Child Name:		Agen	ncy:	
School Year:	Speech services Mandated:			
Assigned TSHH/TSSLD:	certification #:			
Supervisor SLP:		License #:	NPI #:	
I will keep the appropriate records documenting that the supervision services have occurred (i.e. telephone logs, minutes of meetings. Minutes of observations, initial and subsequent periodic face to face contact with each student and TSHH/TSSLD)				
ACTIVITY	Meeting Date	Type of Meeting (Group, Individual, Telephone etc.)	Notes	SUPERVISOR SIGNATURE
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				
4th Quarter Review				
Meeting				

**NOTE:** The Supervisor **MUST** provide an initial (within first 2 weeks) and subsequent periodic face-to-face contact for each student being serviced by TSHH/CFY "under the direction of". The Supervisor **MUST** have on file the way he/she has provided supervision to the TSHH of each, and every child being severed. If a student receives both an individual and a group session per the IEP, the supervisor only needs to provide the 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\*