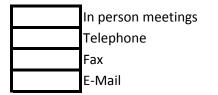
IDENTIFICATION OF SUPERVISOR / WRITTEN PLAN OF SUPERVISION OCCUPATIONAL THERAPY

To the supervisory OT: This form should be completed at the start of employment with each COTA you supervise (limit 5 FTE's and/or 10 total) and every July 1st, thereafter. A copy **must** be sent to Niagara County.

IDENTIFYING INFORMATION:

Agency	
COTA Name with Cred	entials
(as it appea	ars on license)
NY State License #	
Telephone #	
E-Mail Address	
Fax #	
OT Name with Credent	tials
(as it appea	ars on license)
NY State License #	
NPI #	
Medicaid Provider #	
Telephone #	
E-Mail Address	
Fax #	

Please indicate the methods of contact that will be utilized to maintain the supervisory relationship:



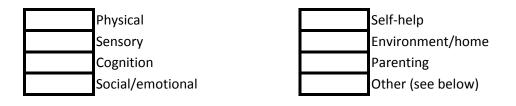
Please indicate the types of supervision that will be utilized and the frequency of each type if applicable:

 <u>TYPE</u>
Review of chart/IEP goals
Review of daily case notes/logs
Direct discussion with COTA
Direct observation with COTA
Co-treat

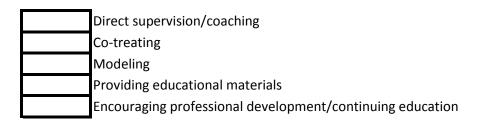
FREQUENCY		

Please note Niagara County requires that supervising OT's sign off on monthly log sheets, daily case notes, and all progress reports for each COTA they supervise. Additionally, a monthly supervisory case note is required for each child seen by a COTA to document that adequate supervision is being maintained. Finally, at a minimum, Niagara County requires a face-to-face contact with COTA and each child being served at the start of therapy and at the beginning of each school year (July and September). Other face-to-face visits are at the discretion of the supervisory OT, however, OMIG suggests at least one other visit/observation during the school year.

Based on the experience of this COTA, the following content areas will be addressed during the course of this plan:



Content areas will be addressed in the following manner:



This plan requires that the OT be notified immediately whenever there is a clinically significant change in the condition or performance of a client in the COTA's care so that the OT can respond appropriately.

COTA/OT CERTIFICATION OF AGREEMENT TO PLAN FOR SUPERVISION:

Signature of COTA:	 Date:	
Signature of OT:	Date:	

Excel: Identification of Supr OT