

IDENTIFICATION OF SUPERVISOR / WRITTEN PLAN OF SUPERVISION PHYSICAL THERAPY

To the supervisory PT: This form should be completed at the start of employment with each PTA you supervise and every July 1st, thereafter. A copy **must** be sent to Niagara County.

IDENTIFYING INFORMATION:

Agency

PTA Name with credentials
(as it appears on license)

NY State License #
Telephone #
E-Mail Address
Fax #

PT Name with Credentials
(as it appears 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:

<input type="checkbox"/>	In person meetings
<input type="checkbox"/>	Telephone
<input type="checkbox"/>	Fax
<input type="checkbox"/>	E-Mail

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

<u>TYPE</u>	<u>FREQUENCY</u>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>

Please note Niagara County requires that supervising PT's sign off on monthly log sheets, daily case notes, and all progress reports for each PTA they supervise. Additionally, a monthly supervisory case note is required for each child seen by a PTA to document that adequate supervision is being maintained. Finally, at a minimum, Niagara County requires a face-to-face contact with PTA 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 PT, however, OMIG suggests at least one other visit/observation in the school year.

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

<input type="checkbox"/>	Physical
<input type="checkbox"/>	Sensory
<input type="checkbox"/>	Cognition
<input type="checkbox"/>	Social/Emotional

<input type="checkbox"/>	Self-Help
<input type="checkbox"/>	Environment/Home
<input type="checkbox"/>	Parenting
<input type="checkbox"/>	Other (see below)

Content areas will be addressed in the following manner:

<input type="checkbox"/>	Direct supervision/coaching
<input type="checkbox"/>	Co-treating
<input type="checkbox"/>	Modeling
<input type="checkbox"/>	Providing educational materials
<input type="checkbox"/>	Encouraging professional development/continuing education

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

PTA/PT CERTIFICATION OF AGREEMENT TO PLAN FOR SUPERVISION:

Signature of PTA: _____

Date: _____

Signature of PT: _____

Date: _____