

Jefferson County Community Services

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Timothy Ruetten, MS, LMHC, CASAC
Director

Christina O'Neil, LCSW-R
Board Chairperson

OT/PT CERTIFICATION OF SUPERVISION AND ACCESSIBILITY

Agency Name: _____

Child: _____ DOB _____

I, _____, licensed Occupational Therapist or Physical
Therapist with current license number _____, certify that I am providing supervision to the
following Occupational Therapy Assistant or Physical Therapy Assistant for school year _____.

Name of OTA/PTA	License #

I am providing accessibility to the above-reference therapist in the following manner:

- Participate in the development of the child's IEP Program, signing and dating the treatment plan;
- Monitor the mandated delivery of OT/PT Services;
- Be readily available to the OTA/PTA for assistance and consultation, through phone, email or fax;
- Perform an initial face-to-face contact with each student served by the OTA/PTA that I am supervising and periodically observe the OTA/PTA with each student in the provision of services;
- Review periodic progress notes prepared by the OTA/PTA, consult with the OTA/PTA through regular monthly meetings and make recommendations, as appropriate; and
- Review service sheets used for Medicaid Billing.

I will keep the appropriate records documenting that supervision activities have occurred (i.e., telephone logs, minutes of meetings, minutes of observations, etc.).

(Signature of Supervising Clinician)

Date