

“UNDER THE DIRECTION OF” LOG

Child Name: John Smith

School Year: 2023-24

Service: Speech

Service Mandate: 2x30 Weekly

Service Provider: Sally Jones

Certification: 1234567890

Supervising Clinician: Freddie Brown

License : 159357

Activity	Meeting Date	Meeting Type (Individual, Group, Phone, Etc.)	Services/Evaluation Recommended	UDO Signature
Initial Observation Face-to-Face w/ Child	00/00/00	Individual	See attached notes	<i>Signature</i>
IEP Review Date	00/00/00	Individual	See attached notes	<i>Signature</i>
FIRST QTR REVIEW				
Meeting	00/00/00	Individual	See attached notes	<i>Signature</i>
Meeting				
Meeting				

2nd Observation Face-to-Face w/ Child				
SECOND QTR REVIEW				
Meeting				
Meeting				
Meeting				

3rd Observation Face-to-Face w/ Child				
THIRD QTR REVIEW				
Meeting				
Meeting				
Meeting				

4th Observation Face-to-Face w/ Child				
FOURTH QTR REVIEW				
Meeting				
Meeting				
Meeting				

Name of Child:

Date: 00/00/00	<input type="checkbox"/> Observation <input checked="" type="checkbox"/> Review Meeting
Notes: Reviewed IEP. Bilingual testing: Below average receptive and expressive language skills. Goals on IEP target following 2-step directions and demonstrating sound discrimination skills.	

Date: 00/00/00	<input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> Review Meeting
Notes: Initial session at ABC School. Therapist used farm activity to target goals of following directions and responding to WH-Questions.	

Date: 00/00/00	<input type="checkbox"/> Observation <input checked="" type="checkbox"/> Review Meeting
Notes: Discussed current IEP goals and need for modification of goals to address delays in vocabulary and inability to respond appropriate to age-expected questions.	

Date:	<input type="checkbox"/> Observation <input type="checkbox"/> Review Meeting
Notes:	

Date:	<input type="checkbox"/> Observation <input type="checkbox"/> Review Meeting
Notes:	

**CERTIFICATION OF
UNDER THE DIRECTION AND ACCESSIBILITY**

I, **John Smith, MS CCC-SLP**, Licensed Speech-Language Pathologist, with current **license number 123456**, certify that I am providing "Under the Direction of" services to the following TSHH, TSSLD, CFY for the **2023-24** school year.

CHILD: Jane Doe DOB: 01/02/19

Name of Therapist being Supervised	Certification/License # & NPI #
Sally Jones	456789 / 1234567890

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

I am available in the office Monday through Friday. I can be reach as follows:

- Phone: (000) 000-000-0000, Ext. 123
- Email: SJones@SampleEmail.com
- Initial sessions will be observed for all students. Subsequent observations will take place on a quarterly basis.
- Follow-up meetings regarding the child's progress will occur on an ongoing basis as needed.

I will keep the appropriate records documenting that the "Under the Direction of" activities have occurred (i.e., telephone logs, logs, minutes of meetings, minutes of observations, **initial and subsequent periodic face-to-face contacts with each student**, etc.)

Signature

(Signature of Supervising Clinician)

__00/00/00__

(Date)