

OCCUPATIONAL / PHYSICAL THERAPY UNDER THE DIRECTION OF LOG

Child's Name: _____ **DOB:** _____

Agency: _____ School Year: _____

OT / PT Services Mandated: _____ from _____ to _____

Assigned **OTA / PTA:** _____ License #: _____

Supervising **OT / PT:** _____ License #: _____

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 contacts with each student and OTA / PTA).

Activity	Meeting Date	Type of Meeting (Group, Individual, Telephone Etc.)	Services / Evaluation Recommended	OT / PT Signature
IEP Review				
INITIAL OBSERVATION: <i>Face-to-Face with Child</i>				
FIRST QTR REVIEW				
Meeting				
Meeting				
Meeting				
2nd OBSERVATION: <i>Face-to-Face with Child</i>				
SECOND QTR REVIEW				
Meeting				
Meeting				
Meeting				
3rd OBSERVATION: <i>Face-to-Face with Child</i>				
THIRD QTR REVIEW				
Meeting				
Meeting				
Meeting				
4th OBSERVATION: <i>Face-to-Face with Child</i>				
FOURTH QTR REVIEW				
Meeting				
Meeting				
Meeting				

NOTE: The supervising OT / PT **MUST** provide an initial (within first 2 weeks) and subsequent periodic face-to-face contact for each student being serviced by an OTA / PTA.

The **PT** must have on file the manner in which he/she has provided direction to the PTA for each child being serviced. ****One PTR cannot supervise more than four (4) PTA, per Article 136, section 3738 a.****

The **OT** must have on file the manner in which he/she has provided direction to the OTA for each child being serviced. The supervision must be direct supervision.