

OCCUPATIONAL / PHYSICAL THERAPY "Under the Direction of" LOG

CHILD NAME _____

SCHOOL YEAR _____

AGENCY _____

OT / PT SERVICES MANDATED _____

ASSIGNED OTA / PTA _____ LICENSE # _____ NPI # _____

SUPERVISING OT / PT _____ LICENSE # _____ NPI # _____

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				
<i>INITIAL OBSERVATION - Face to Face with Child</i>				
FIRST QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>2nd OBSERVATION - Face to Face with Child</i>				
SECOND QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>3rd OBSERVATION - Face to Face with Child</i>				
THIRD QTR REVIEW				
Meeting				
Meeting				
Meeting				
<i>4th OBSERVATION - 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 supervision to the PTA for each and every child being serviced. (One PT 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 supervision to the OTA for each and every child being serviced. The supervision must be direct supervision.