

## SPEECH THERAPY UNDER THE DIRECTION OF LOG

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Agency: \_\_\_\_\_ School Year: \_\_\_\_\_

Speech Services Mandated: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Assigned TSHH/TSSLD/CFY: \_\_\_\_\_ License #: \_\_\_\_\_

Supervising SLP: \_\_\_\_\_ 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 TSHH / TSSLD / CFY).

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

**NOTE:** The supervising SLP MUST provide an initial (within first 2 weeks) and subsequent periodic face-to-face contact for each student being serviced by a TSHH/TSSLD/CFY. The SLP must have on file the manner in which he/she has provided direction to the TSHH/TSSLD/CFY for each and every child being serviced.