



CERTIFICATION OF UNDER THE DIRECTION AND ACCESSIBILITY FOR SPEECH THERAPY

I, _____, licensed Speech Language Pathologist with current license number _____,
(Name of Supervising Clinician) *(License #)*

certify that I am providing “Under the Direction of” supervision to the following Certified Speech Teachers/Therapists
for the _____ school year:
(Time period of school year)

CHILD: _____ DOB: _____

Name of TSHH/TSSLD/CFY (Please identify)	Certification/License #/NPI #

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

- Participate in the development of the child’s IEP program, signing and dating the treatment plan.
- Monitor the delivery of speech services.
- Be readily available for assistance and consultation through phone, email or fax.
- Perform an initial face-to-face contact with each student receiving services by the TSSH/TSSLD/SLP-CFY I am supervising and periodically observing the TSSH/TSSLD/SLP-CFY with each student in the provision of services.
- Review periodic progress notes and, consult with the TSSH/TSSLD/SLP-CFY through regular monthly meetings and make recommendations, as appropriate; and
- Review and sign service sheets/session notes used for Medicaid billing
- Maintain an “Under the Direction of” log to track meetings

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.)

(Printed Name of Supervising Clinician)

(Signature of Supervising Clinician)

(Date)