



SPEECH THERAPY “UNDER THE DIRECTION OF” LOG

Child Name _____ Agency _____

ST Services Mandated _____ School Year _____

Assigned TSHH/TSSLD/CFY _____ Certification and/or License # _____

Supervising SLP _____ License # _____ NPI # _____

I will keep the appropriate records documenting that the supervision services have occurred (i.e. telephone logs, minutes of meetings, observations, initial and subsequent periodic face-to-face contact with each student and TSHH/TSSLD/CFY).

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

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

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

<i>4th Observation Face-to-Face w/ 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 they provided direction to the TSHH/TSSLD/CFY for each and every child being serviced

SPEECH THERAPY "UNDER THE DIRECTION OF" LOG

Name of Child: _____

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

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

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

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

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