

IDENTIFICATION OF SUPERVISOR / WRITTEN PLAN OF SUPERVISION SPEECH THERAPY

To the supervisory SLP: This form should be completed at the start of employment with each TSHH/TSLD/CFY you supervise and every July 1st, thereafter. A copy **must** be sent to Niagara County.

IDENTIFYING INFORMATION:

Agency

TSHH/TSLD/CFY Name with
credentials (as it appears on license)

NY State License #	N/A
Telephone #	
E-Mail Address	
Fax #	

SLP Name with Credentials
(as it appears on license)

NY State License #	
NPI #	
Medicaid Provider #	
Telephone #	
E-Mail Address	
Fax #	

Please indicate the methods of contact that will be utilized to maintain the supervisory relationship:

	In person meetings
	Telephone
	Fax
	E-Mail

Please indicate the types of supervision that will be utilized and the frequency of each type if applicable:

<i>TYPE</i>	<i>FREQUENCY</i>
<input style="width: 80%; height: 20px;" type="text"/> Review of chart/IEP goals	<input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 80%; height: 20px;" type="text"/> Review of daily case notes/logs	<input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 80%; height: 20px;" type="text"/> Direct discussion with TSHH/TSLD/CFY	<input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 80%; height: 20px;" type="text"/> Direct observation with TSHH/TSLD/CFY	<input style="width: 80%; height: 20px;" type="text"/>
<input style="width: 80%; height: 20px;" type="text"/> Co-treat	<input style="width: 80%; height: 20px;" type="text"/>

Please note Niagara County requires that supervising SLP's sign off on monthly log sheets, daily case notes, and all progress reports for each TSHH/TSLD/CFY they supervise. Additionally, a monthly supervisory case note is required for each child seen by a TSHH/TSLD/CFY to document that adequate supervision is being maintained. Finally, at a minimum, Niagara County requires a face-to-face contact with TSHH/TSLD/CFY and each child being served at the start of therapy and at the beginning of each school year (July and September). Other face-to-face visits are at the discretion of the supervisory SLP, however, OMIG suggests at least one other visit/observation in the school year.

Based on the experience of this TSHH/TSLD/CFY, the following content areas will be addressed during the course of this plan:

	Communication		Environment/Home
	Cognition		Parenting
	Social/Emotional		Other (see below)
	Self-Help		

Content areas will be addressed in the following manner:

	Direct supervision/coaching
	Co-treating
	Modeling
	Providing educational materials
	Encouraging professional development/continuing education

This plan requires that the SLP be notified immediately whenever there is a clinically significant change in the condition or performance of a client in the TSHH/TSLD/CFY's care so that the SLP can respond appropriately.

TSHH/TSLD/CFY/SLP CERTIFICATION OF AGREEMENT TO PLAN FOR SUPERVISION:

Signature of TSHH/TSLD/CFY: _____	Date: _____
Signature of SLP: _____	Date: _____