

# Jefferson County Community Services

County Government Building  
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Timothy Ruetten, MS, LMHC, CASAC  
Director

Christina O'Neil, LCSW-R  
Board Chairperson

## SPEECH CERTIFICATION OF SUPERVISION AND ACCESSIBILITY

Agency Name: \_\_\_\_\_

Child: \_\_\_\_\_ DOB \_\_\_\_\_

I, \_\_\_\_\_, licensed Speech Language Pathologist with current license number \_\_\_\_\_, certify that I am providing supervision to the following Certified Speech Teachers/Therapists for school year \_\_\_\_\_.

Name of TSHH/TSSLD/CFY	Certification Number

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

- Participate in the development of the child's IEP Program, signing and dating the treatment plan;
- Monitor the mandated delivery of OT/PT Services;
- Be readily available to the OTA/PTA for assistance and consultation, through phone, email or fax;
- Perform an initial face-to-face contact with each student served by the OTA/PTA that I am supervising and periodically observe the OTA/PTA with each student in the provision of services;
- Review periodic progress notes prepared by the OTA/PTA, consult with the OTA/PTA through regular monthly meetings and make recommendations, as appropriate; and
- Review service sheets used for Medicaid Billing.

**I will keep the appropriate records documenting that supervision activities have occurred (i.e., telephone logs, minutes of meetings, minutes of observations, etc.).**

\_\_\_\_\_  
(Signature of Licensed Speech Language Pathologist)

\_\_\_\_\_  
Date