

**ATTACHMENT O**

**CERTIFICATION  
OF  
UNDER THE DIRECTION AND ACCESSIBILITY**

I, \_\_\_\_\_, CCC-SLP, NYS Licensed and Registered  
**Speech-Language Pathologist**, with current license number \_\_\_\_\_

Certify that I am providing "Under the Direction" (attached) services to the following Certified Teachers of the  
Speech and Hearing Handicapped (Therapist) for the school year \_\_\_\_\_. This direction will include  
periodic review of student progress reports and IEPs, consulting with the therapists as appropriate and offering  
recommendations and being available to meet with the therapist and/or student, if necessary.

Name of Therapist


I am providing accessibility to the Teachers of the Speech and Hearing Handicapped in the following manner:


\_\_\_\_\_  
Signature of Licensed Speech/Language Pathologist

\_\_\_\_\_  
Date

**ATTACHMENT P**

**CERTIFICATION  
OF  
UNDER THE DIRECTION AND ACCESSIBILITY**

I, \_\_\_\_\_, PT, NYS Licensed and Registered

**Physical Therapist**, with current license number \_\_\_\_\_

Certify that I am providing "Under the Direction" (attached) services to the following Certified Physical Therapist Assistant(s) for the school year \_\_\_\_\_. This direction will include periodic review of student progress reports and IEPs, consulting with the therapists as appropriate and offering recommendations and being available to meet with the therapist and/or student, if necessary.

Name of Therapist


I am providing accessibility to the Physical Therapist Assistant in the following manner:


\_\_\_\_\_  
Signature of Licensed Physical Therapist

\_\_\_\_\_  
Date

**ATTACHMENT Q**

**CERTIFICATION  
OF  
UNDER THE DIRECTION AND ACCESSIBILITY**

I, \_\_\_\_\_, OT, NYS Licensed and Registered

**Occupational Therapist**, with current license number \_\_\_\_\_

Certify that I am providing "Under the Direction" (attached) services to the following Occupational Therapist Assistant (s) for the school year \_\_\_\_\_. This direction will include periodic review of student progress reports and IEPs, consulting with the therapists as appropriate and offering recommendations and being available to meet with the therapist and/or student, if necessary.

Name of Therapist


I am providing accessibility to the Occupational Therapist Assistant (s) in the following manner:


\_\_\_\_\_  
Signature of Licensed Occupational Therapist

\_\_\_\_\_  
Date