#### ATTACHMENT O

# CERTIFICATION OF UNDER THE DIRECTION AND ACCESSIBILITY

I,	, CCC-SLP, NYS Licensed and Registered
Speech-Language Pathologist, with current license n	umber
Certify that I am providing "Under the Direction" (atta	ached) services to the following Certified Teachers of the
Speech and Hearing Handicapped (Therapist) for the speriodic review of student progress reports and IEPs, or recommendations and being available to meet with the	chool year This direction will include consulting with the therapists as appropriate and offering therapist and/or student, if necessary.
Name o	f Therapist
I am providing accessibility to the Teachers of the Speech and He	earing 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 num	mber
Certify that I am providing "Under the Direct Therapist Assistant(s) for the school yearstudent progress reports and IEPs, consulting and being available to meet with the therapis	ction" (attached) services to the following Certified Physical  This direction will include periodic review of g with the therapists as appropriate and offering recommendations at and/or student, if necessary.
	Name of Therapist
, ,	
I am providing accessibility to the Physical 7	Therapist Assistant in the following manner:
Signature of Licensed Physical Therapist	Date

### **ATTACHMENT Q**

# CERTIFICATION OF UNDER THE DIRECTION AND ACCESSIBILITY

I,	, OT, <u>NYS</u> Licensed <u>and Registered</u>	
Occupational Therapist, with o	urrent license number	
Certify that I am providing "Und Assistant (s) for the school year progress reports and IEPs, consu available to meet with the therap	er the Direction" (attached) services to the following Occupational Therapis  This direction will include periodic review of student liting with the therapists as appropriate and offering recommendations and be ist and/or student, if necessary.	t einį
	Name of Therapist	
I am providing accessibility to th	e Occupational Therapist Assistant (s) in the following manner:	
Signature of Licensed Occupational The	rapist Date	