

Dutchess County Preschool Special Education Program

OCCUPATIONAL/PHYSICAL THERAPY “Under the Direction of” LOG

Child Name: _____ **Agency:** _____

School Year: _____ **OT/PT Services Mandated:** _____

Assigned OTA/PTA: _____ **License #:** _____ **NPI:** _____

Supervising OTA/PTA: _____ **License #:** _____ **NPI:** _____

I will keep the appropriate records documenting that the required “under the direction of” supervision services have occurred.*

Activity	Meeting Date	Type of Meeting (Group, Individual, Telephone, etc.)	Services/Evaluation Recommended	Supervisor Signature
IEP Review				
INITIAL OBSERVATION Face to Face with Child				
First Quarter Review				
Meeting				
Meeting				
Meeting				
2 nd OBSERVATION Face to Face with Child				
Second Quarter Review				
Meeting				
Meeting				
Meeting				
3 rd OBSERVATION Face to Face with Child				
Third Quarter Review				
Meeting				
Meeting				
Meeting				
4 th OBSERVATION Face to Face with Child				
Meeting				
Meeting				
Meeting				

NOTE: The Supervising OT/PT MUST provide an initial (within first 2 weeks) and subsequent periodic face-to-face contact for each student being serviced by an OTA/PTA.

The PT must have on file the manner in which he/she has provided 'under the direction of' supervision to the PTA for each and every child being serviced. (One PT cannot supervise more than four (4) PTA's per Article 136, section 3738 a.)

The OT must have on file the manner in which he/she has provided 'under the direction of' supervision to the OTA for each and every student being serviced. The supervision must be direct supervision.