

Dutchess County Preschool Special Education Program

SPEECH THERAPY “under the Direction of” LOG

Child Name: _____ **Agency:** _____

School Year: _____ **SLP Services Mandated:** _____

Assigned SLP: _____ **License #:** _____ **NPI:** _____

Supervising SLP: _____ **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 SLP MUST provide an initial (within first 2 weeks) and subsequent periodic face-to-face contact for each student being serviced by an SLP.