

Children with Special Needs 107 Nott Terrace, Suite 306 Schenectady, New York 12308-3170 Phone: (518) 386-2815

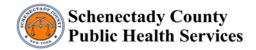
Fax: (518) 386-2801

Certification of Under the Direction and Accessibility for Occupational Therapy Services

Agency Name

School Year_

Name	License #	NPI #
(print)		
Signature of Certi	fied OTA	Date
I am providing under the d	irection of and accessibility in the follow	ing manner:
 Monitor the mandated Perform an initial factorized periodically observe to the service of the periodically available to the service of the service and sign periodically available to the service of t	s used for Medicaid billing. records documenting that the "Under thes, minutes of meetings, minutes of observents."	ervices; by the OTA I am supervising and of services; through phone, email or fax; ake recommendations, as appropriate;) prepared by the OTA; the Direction Of" activities have
OT Name	License #_	NPI #
(print)		
Signature of Licensed Occu	pational Therapist	Date
Contact Information		



Occupational Therapy "Under the Direction Of" Log					
Child Name			School Year		
Agency_		OT Services Mandated			
Assigned OTA			License #	NPI #	
Supervising OT			License #	NPI #	
I will keep the appropriate records documenting that the supervision services have occurred (i.e. telephone logs, minutes of meetings, minutes of observations, initial and subsequent periodic face to face contacts with each student and OTA).					
ACTIVITY	Date	Type of Meeting (Group, Individual, Telephone, Etc.)	Services / Evaluation Recommended	OT SIGNATURE	
	Date	Telephone, Etc.)	Recommended	OI SIGIMITURE	
IEP REVIEW INITIAL OBSERVATION - Face to Face with Child					
September Meeting					
October Meeting					
2nd OBSERVATION - Face to Face with Child					
November Meeting					
December Meeting					
3rd OBSERVATION - Face to Face with Child					
January Meeting					
February Meeting					
March Meeting 4th OBSERVATION - Face to Face with Child					
April Meeting					
May Meeting					
June Meeting Summer Observation – Face to Face with Child					
July Meeting					
August Meeting					

NOTE: The supervising OT MUST provide an initial (within first 2 weeks) and subsequent periodic face to face contact for each student being serviced by an OTA. The OT must have on file the manner in which he/she has provided supervision to the OTA for each and every child being serviced. The supervision must be direct supervision.