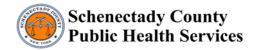


Children with Special Needs 107 Nott Terrace, Suite 306 Schenectady, New York 12308-3170 Phone: (518) 386-2815

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## Certification of Under the Direction and Accessibility for Speech - Language Services

School Year	Agency Name				
,	Teacher of the Speech and Hearing Handicapped (TSHH) Teacher of Students with Speech and Language Disabilities (TSSLD)				
Name	Certification number				
(print)					
Signature of Certi	fied TSHH or TSSLD		Date		
I am providing under the d	irection of and accessibility	in the following m	nanner:		
<ul> <li>Monitor the mandated</li> <li>Perform an initial fact and periodically obse</li> <li>Be readily available the Consult with the TSH appropriate;</li> <li>Review and sign periodical Review and sign each</li> <li>Review service sheets</li> </ul> I will keep the appropriate	or the TSHH/TSSLD with early the TSHH/TSSLD for assist H/TSSLD through regular model odic progress notes (i.e. months session note; and sused for Medicaid billing.  records documenting that the s, minutes of meetings, minutes.	services; ident served by the ach student in the prance and consultate onthly meetings and haly, quarterly) prepare "Under the Dir	TSHH/TSSLD I am supervising provision of services; ion, through phone, email or fax; d make recommendations, as pared by the TSHH/TSSLD;		
		License #	NPI #		
(print)					
Signature of Licensed/ASH	A Speech-Language Patholo	ogist (SLP)	- Date		
Contact Information					



Speech-Language Services "Under the Direction Of" Log						
Child Name	School Year					
Agency			Speech-Language Service	Speech-Language Services Mandated		
Assigned TSHH/TSSLD			Certification #			
Supervising SLP			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 TSHH/TSSLD).						
ACTIVITY	Meeting Date	Type of Meeting (Group, Individual, Telephone, Etc.)	Services / Evaluation Recommended	SLP SIGNATURE		
IEP REVIEW	iviceting Date	Telephone, Etc.)	Recommended	SEI SIGIUITERE		
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 Mastins	1					

**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 a TSHH/TSSLD. The SLP must have on file the manner in which he/she has provided supervision to the TSHH/TSSLD for each and every child being serviced.