

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

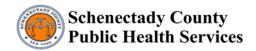
Fax: (518) 386-2801

## Certification of Under the Direction and Accessibility for Physical Therapy Services

Agency Name

School Year\_

| Name   | License #   | NPI #  |
|--|---|--|
| (print)  |   |  |
| Signature of Certified PTA   |   | Date   |
| I am providing under the direction o   | of and accessibility in the following   | g manner:  |
| <ul> <li>Monitor the mandated delivery</li> <li>Perform an initial face to face of periodically observe the PTA we</li> <li>Be readily available to the PTA</li> <li>Consult with the PTA through the</li> </ul> | Medicaid billing.  locumenting that the "Under the less of meetings, minutes of observations" | the PTA I am supervising and services; ough phone, email or fax; recommendations, as appropriate; repared by the PTA;  Direction Of" activities have |
|  | License #   | NPI#   |
| PT Name  |   |  |
| PT Name(print)   |   |  |
| (print)  |   | Date   |
| PT Name  |   |  |



| Physical Therapy "Under the Direction Of" Log              |      |   |  |  |  |
|--|------|---|--|--|--|
| Child Name   |      |   | School Year  |  |  |
| Agency   |      |   | PT Services Mandated   |  |  |
| Assigned PTA   |      |   | License #  | NPI #  |  |
| Supervising PT   |      |   | License #  | NPI #  |  |
|  |      |   | rvices have occurred (i.e. telep<br>ntacts with each student and P | hone logs, minutes of meetings, $\Gamma$ A). |  |
| ACTIVITY   | Date | Type of Meeting<br>(Group,<br>Individual,<br>Telephone, Etc.) | Services / Evaluation<br>Recommended                               | PT SIGNATURE                                 |  |
|  | Date | Telephone, Etc.)  | Recommended  | 11 SIGNATURE                                 |  |
| IEP REVIEW  INITIAL  OBSERVATION - Face to Face with Child |      |   |  |  |  |
| September Meeting  |      |   |  |  |  |
| October Meeting  |      |   |  |  |  |
| 2nd OBSERVATION -<br>Face to Face with Child               |      |   |  |  |  |
| November Meeting   |      |   |  |  |  |
| December Meeting   |      |   |  |  |  |
| 3rd OBSERVATION -<br>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 PT MUST provide an initial (within first 2 weeks) and subsequent periodic face to face contact for each student being serviced by a PTA. The PT must have on file the manner in which he/she has provided supervision to the PTA for each and every child being serviced. (One PT cannot supervise more than four (4) PTA, per Article 136, section 3738 a.)