



Schenectady County Public Health Services

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

School Year _____ Agency Name _____

Discipline: Physical Therapy Assistant (PTA)

Name _____ License # _____ NPI # _____
(print)

Signature of Certified PTA

Date

I am providing under the direction and accessibility in the following manner:

- Participate in the development of the child’s IEP program, signing and dating the treatment plan;
- Monitor the mandated delivery of Physical Therapy (PT) services;
- Perform an initial face to face contact with each student served by the PTA I am supervising and periodically observe the PTA with each student in the provision of services;
- Be readily available to the PTA for assistance and consultation, through phone, email or fax;
- Consult with the PTA through regular monthly meetings and make recommendations, as appropriate;
- Review and sign periodic progress notes (i.e. monthly, quarterly) prepared by the PTA;
- Review and sign each session note; and
- Review service sheets used for Medicaid billing.

I will keep the appropriate records documenting that the “Under the Direction Of” activities have occurred (i.e. telephone logs, minutes of meetings, minutes of observations etc.) and will provide a copy of these to the county at least quarterly.

PT Name _____ License # _____ NPI # _____
(print)

Signature of Licensed Physical Therapist

Date

Contact Information



Physical Therapy “Under the Direction Of” Log

Child Name _____ School Year _____

Agency _____ PT Services Mandated _____

Assigned PTA _____ License # _____ NPI # _____

Supervising PT _____ 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 PTA).

| ACTIVITY | Date | Type of Meeting (Group, Individual, Telephone, Etc.) | Services / Evaluation Recommended | PT SIGNATURE |
|--|-------------|---|--|---------------------|
| IEP REVIEW | | | | |
| <i>INITIAL OBSERVATION - Face to Face with Child</i> | | | | |
| September Meeting | | | | |
| October Meeting | | | | |
| <i>2nd OBSERVATION - Face to Face with Child</i> | | | | |
| November Meeting | | | | |
| December Meeting | | | | |
| <i>3rd OBSERVATION - Face to Face with Child</i> | | | | |
| January Meeting | | | | |
| February Meeting | | | | |
| March Meeting | | | | |
| <i>4th OBSERVATION - Face to Face with Child</i> | | | | |
| April Meeting | | | | |
| May Meeting | | | | |
| June Meeting | | | | |
| <i>Summer Observation – Face to Face with Child</i> | | | | |
| 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.)