



# 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 Speech - Language Services

School Year \_\_\_\_\_ Agency Name \_\_\_\_\_

Discipline (please circle one): Teacher of the Speech and Hearing Handicapped (TSHH)  
Teacher of Students with Speech and Language Disabilities (TSSLD)

Name \_\_\_\_\_ Certification number \_\_\_\_\_  
(print)

\_\_\_\_\_  
**Signature of Certified TSHH or TSSLD** **Date**

### I am providing under the direction of 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 speech-language services;
- Perform an initial face to face contact with each student served by the TSHH/TSSLD I am supervising and periodically observe the TSHH/TSSLD with each student in the provision of services;
- Be readily available to the TSHH/TSSLD for assistance and consultation, through phone, email or fax;
- Consult with the TSHH/TSSLD through regular monthly meetings and make recommendations, as appropriate;
- Review and sign periodic progress notes (i.e. monthly, quarterly) prepared by the TSHH/TSSLD;
- 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.**

SLP Name \_\_\_\_\_ License # \_\_\_\_\_ NPI # \_\_\_\_\_  
(print)

\_\_\_\_\_  
**Signature of Licensed/ASHA Speech-Language Pathologist (SLP)** **Date**

### Contact Information

\_\_\_\_\_  
\_\_\_\_\_



**Speech-Language Services “Under the Direction Of” Log**

Child Name \_\_\_\_\_ School Year \_\_\_\_\_

Agency \_\_\_\_\_ 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).

<b>ACTIVITY</b>	<b>Meeting Date</b>	<b>Type of Meeting (Group, Individual, Telephone, Etc.)</b>	<b>Services / Evaluation Recommended</b>	<b>SLP SIGNATURE</b>
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				
Summer Observation – Face to Face with Child				
July Meeting				
August 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 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.