

OT SUPERVISION PLAN

I, _____, a Licensed Occupational Therapist, with the current license number _____, certify that I am providing "Under the Direction" services to the following OTA.

Name of Therapist	License #

I will provide supervision in the following manner:

- In person supervision with OTA at least monthly, additional contact (phone or email) as needed;
- Initial direct observation of each student at the start of the school year;
- Initial direct observation of each new student prior to the start of therapy;
- Direct observation of student therapy sessions at least every trimester;
- Direct observation of each student when a new IEP is implemented;
- Collaboration and discussion of goals, treatment activities and student progress;
- Determine the need for continuing, modifying, or discontinuing services;
- Complete initial and re-evaluation of students including interpretation of results and development of treatment plan;
- Review and co-sign session notes monthly on IEP Direct;
- Review and co-sign progress notes every trimester;
- Advise and collaborate in the creation of student Individual Education Plans;
- Foster professional development through discussion;
- Written log of contact with OTA;
- Written log of contact and discussions per student;
- Any additional supervision necessary based on the OTA's needs.
- OTR will be available to the COTA for consultation by phone, email and in person as needed.
- The OT or licensed physician be notified whenever there is a clinically significant change in the condition or performance of the client.

Signature of Occupational Therapy Assistant

Date

Signature of Occupational Therapist

Date