

Monthly Psychological Counseling USO Documentation

For services provided by an LMSW Working Under the Supervision of:
LCSW; NYS Licensed Psychologist; or NYS Licensed Psychiatrist

The supervisor is required to provide at least two hours per month of in-person individual or group clinical supervision

LMSW:		
Supervisor:		
Month of:		
Date:	Time (Start/End):	Location:
Monthly Total Time Met with Provider:		
Comments:		

<u>Initial that the following Medicaid criteria were met:</u>	<u>Supervisor Initials</u>
Therapy is delivered as indicated on the student's IEP	
The LMSW apprised the supervisor of the diagnosis and treatment of each client	
The supervisor provided the LMSW with oversight and guidance in diagnosing and treating clients	
The LMSW's cases are discussed	
The supervisor reviewed and evaluated the professional work of the LMSW	

SIGNATURE: _____

DATE: _____

License # _____