IDENTIFICATION OF SUPERVISOR / WRITTEN PLAN OF SUPERVISION

This form should be completed at the start of employment with each therapist you supervise and every July 1st thereafter. A copy must be sent to Niagara County.

SCHOOL YEAR: _____

IDENTIFYING INFORMATION: ***DISCIPLINE:*** _____

Agency	
Supervisee Name with Credentials (as it appears on license)	
NY State License #	
Telephone #	
E-Mail Address	
Fax #	
Supervisor Name with Credentials (as it appears on license)	
NY State License #	
NPI #	
Medicaid Provider #	
Telephone #	
E-Mail Address	
Fax #	

Please indicate the methods of contact that will be utilized to maintain the supervisory relationship:

	In person meetings
	Telephone
	Fax
	E-Mail

Please indicate the types of supervision that will be utilized and the frequency of each type if applicable:

	TYPE	***FREQUENCY***
	Review of chart/IEP goals	
	Review of daily case notes/logs	
	Direct discussion with TSHH/TSLD/CFY	
	Direct observation with TSHH/TSLD/CFY	
	Co-treat	

Please note Niagara County requires that the Supervisor sign off on monthly log sheets, daily case notes, and all progress reports for each therapist they supervise. Additionally, a monthly supervisory case note is required for each child seen by a Supervisee to document that adequate supervision is being maintained. Finally, at a minimum, Niagara County requires a face-to-face contact with the therapist and each child being served at the start of therapy and at the beginning of each school year (July and September). Other face-to-face visits are at the discretion of the Supervisor, however, OMIG suggests at least one other visit/observation in the school year.

Based on the experience of this supervisee, the following content areas will be addressed during the course of this plan.

- ☐ Communication
- ☐ Cognition
- ☐ Social/Emotional
- ☐ Self-Help
- ☐ Environment/Home
- ☐ Parenting
- ☐ Other (see below)

_____ _____

_____ _____

_____ _____

_____ _____

Content areas will be addressed in the following manner:

- ☐ Direct supervision/coaching
- ☐ Co-treating
- ☐ Modeling
- ☐ Providing educational materials
- ☐ Encouraging professional development/continuing education

This plan requires that the supervisor be notified immediately whenever there is a clinically significant change in the condition or performance of a client in the supervisee's care so that the supervisor can respond appropriately.

CERTIFICATION OF AGREEMENT TO PLAN FOR SUPERVISION:

Signature of Supervisee: _____ ***Date:*** _____

Signature of Supervisor: _____ ***Date:*** _____