

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.

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:

<input type="checkbox"/>	In person meetings
<input type="checkbox"/>	Telephone
<input type="checkbox"/>	Fax
<input type="checkbox"/>	E-Mail

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

<u>TYPE</u>	<u>FREQUENCY</u>
<input type="checkbox"/> Review of chart/IEP goals	<input type="text"/>
<input type="checkbox"/> Review of daily case notes/logs	<input type="text"/>
<input type="checkbox"/> Direct discussion with TSHH/TSLD/CFY	<input type="text"/>
<input type="checkbox"/> Direct observation with TSHH/TSLD/CFY	<input type="text"/>
<input type="checkbox"/> Co-treat	<input type="text"/>

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: _____