

IDENTIFICATION OF SUPERVISOR / WRITTEN PLAN OF SUPERVISION OCCUPATIONAL THERAPY

To the supervisory OT: This form should be completed at the start of employment with each COTA you supervise (limit 5 FTE's and/or 10 total) and every July 1st, thereafter. A copy **must** be sent to Niagara County.

IDENTIFYING INFORMATION:

Agency

COTA Name with Credentials
(as it appears on license)

NY State License #	
Telephone #	
E-Mail Address	
Fax #	

OT 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:

<u>TYPE</u>	<u>FREQUENCY</u>

Please note Niagara County requires that supervising OT's sign off on monthly log sheets, daily case notes, and all progress reports for each COTA they supervise. Additionally, a monthly supervisory case note is required for each child seen by a COTA to document that adequate supervision is being maintained. Finally, at a minimum, Niagara County requires a face-to-face contact with COTA 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 supervisory OT, however, OMIG suggests at least one other visit/observation during the school year.

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

<input type="checkbox"/>	Physical	<input type="checkbox"/>	Self-help
<input type="checkbox"/>	Sensory	<input type="checkbox"/>	Environment/home
<input type="checkbox"/>	Cognition	<input type="checkbox"/>	Parenting
<input type="checkbox"/>	Social/emotional	<input type="checkbox"/>	Other (see below)

Content areas will be addressed in the following manner:

<input type="checkbox"/>	Direct supervision/coaching
<input type="checkbox"/>	Co-treating
<input type="checkbox"/>	Modeling
<input type="checkbox"/>	Providing educational materials
<input type="checkbox"/>	Encouraging professional development/continuing education

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

COTA/OT CERTIFICATION OF AGREEMENT TO PLAN FOR SUPERVISION:

Signature of COTA: _____

Date: _____

Signature of OT: _____

Date: _____