

**NIAGARA COUNTY DEPARTMENT OF HEALTH  
MONTHLY COTA SUPERVISORY CASE NOTES**

**CHILD'S NAME:** \_\_\_\_\_

**DISCIPLINE:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**MONTH & YEAR:** \_\_\_\_\_

**TYPE OF SUPERVISION:**

**DATE COMPLETED (if applicable):**

\_\_\_\_\_ Face to Face Contact with Child/COTA

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\_\_\_\_\_ Review of Monthly Log/Case Notes

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\_\_\_\_\_ Review of Progress/IEP Goals

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\_\_\_\_\_ Discussion with COTA re: Child's Progress

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\_\_\_\_\_ Co-Treatment / Observation

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**General Comments regarding child's needs, goals, and progress during month. (Any general comments should be signed and dated by OT.)**

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**OT (Print Name)** \_\_\_\_\_ **(with credentials)**

**OT Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**License #:** \_\_\_\_\_