

# Ionia County Intermediate School District

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## Documentation for Speech Therapist Supervision

Supervisor: \_\_\_\_\_

Supervised Provider: \_\_\_\_\_

School Year: \_\_\_\_\_

Per Medicaid policy: "Under the direction of" requires a face-to-face contact by the clinician at least at the beginning of treatment and periodically thereafter.

Date of initial contact: \_\_\_\_\_

Face-to-Face contact:	
Date:	Date:
Date:	Date:
Other Relevant Data:	
Date	Notes

CCC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit a copy of this log to Terri Thomas at Ionia County ISD**