

Tennessee Occupational Therapy Supervision

Date: _____

Type of Supervision: _____ licensed COTA _____ OTR limited permit _____ COTA limited permit

Location of visit: _____

Initials of Patients Discussed: _____

Current Frequency of Supervision: ___ Daily ___ Weekly ___ Bi-weekly ___ Monthly ___ Other: _____

Type of Supervision Provided: ___ In person ___ By telephone ___ Electronic ___ Other: _____

Type of Interventions Observed: ___ Interventions ___ Trainings ___ Consultations ___ Other: _____

Other Supervisory tasks performed:

___ Discuss interventions/goals ___ Documentation training

___ Training on Interventions ___ Assessment/reassessment/discharge

___ Other: _____

Plan for continued supervision:

___ This supervisor plans to continue supervision at frequency listed above.

___ Other: _____

This supervisory visit did occur and met the needs of the supervisor and supervisee.

Supervisee

Date

Supervisor

Date

Each therapist is required by the State of Tennessee to keep a copy of this visit for three (3) years. In addition, please place a copy in each therapist's personnel file as proof of supervision.