

Little Angels Center
Parent Consent for the Use of an Interventions with a Formal Plan of Supervision

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|--------------------------|------------------------|
| Child's Name: | Date: |
| OSC Name: | OSC Agency: |
| OSC Phone #: | Parent Name: |
| Service Provider: | Supervisor: |
| Service Provider Agency: | Service Provider NPI#: |
| Discipline: | Authorization Number: |

Little Angels will provide Early Intervention Services using an interventionist with the following credentials or area of study: (Check one)

Physical Therapy Assistant (PTA) _____ Certified Occupational Therapist (COTA) _____
 Speech Pathologist in clinical fellowship year (CFY) _____ or a student enrolled in university program in the
 following area of study: Physical Therapy _____ Occupational Therapy _____ Speech Therapy _____

The interventionist requires a formal plan of supervision. The plan of supervision has been approved by the NYS Bureau of Early Intervention. Supervision will be provided by an experienced provider licensed by New York State. Under the Plan of Supervision, the supervisor will (**Check all that apply**):

_____ Attend initial session with child, parent/caregiver, and the interventionist to observe the child and family in routine activities, discuss family priorities, set goals in line with functional outcomes developed at the Individualized Family Service Plan (IFSP) meeting, and plan intervention using an approach that will enable the family to support the child's development during routine activities.

_____ Maintain ongoing involvement in the care provided, and review the need for ongoing services. Regularly observe early intervention services to ensure overall quality, and to ensure parent/caregiver feedback is incorporated into the intervention. Observation will be conducted: Monthly _____ Quarterly _____

_____ Regularly review session notes, quarterly progress notes, and justification for change in frequency, intensity of method of service, and assistive technology request forms.

_____ **Review the discharge plan.**

_____ Other: _____

I, (**Parent's Name**) _____, parent/guardian or (**Child's Name**) _____, consent to the provision of the service indicated above by an interventionist working under the Formal Plan of Supervision.

Parent Signature: _____ Date: _____

I, (**OSC name**) _____, OSC for (**Child's Name**) _____, have been informed of the provision of the service indicated above by an interventionist working under a formal plan of supervision.

OSC Signature: _____ Date: _____

