YOUR LOGO
(optional)

CLINIC / PRACTITIONER NAME

Form OT-SUP-01

Address · phone · license #

Occupational Therapy Assistant Supervision Log

Record of supervision contacts between an OTA and the supervising occupational therapist.

OCCUPATIONAL THERAPY ASSISTANT

OTA name

License number

Work setting

Employment / start date

SUPERVISING OCCUPATIONAL THERAPIST

Supervisor name (OTR/L)

License number

Phone / email

Facility

SUPERVISION PERIOD & REQUIREMENTS

Period from

Period to

Required frequency (per state rule)

Level of supervision

DATE	TYPE	DURATION	CLIENTS / TOPICS DISCUSSED	INITIALS

Total contacts

Type: in person · telephone · video · co-treatment · chart review

AREAS REVIEWED THIS PERIOD

- ☐ Documentation quality
- ☐ Client safety
- ☐ Ethics & professional conduct
- ☐ Continuing education
- ☐ Treatment plans
- ☐ Skill competency
- ☐ Caseload & scheduling
- ☐ Family communication
- ☐ Goal progress & outcomes
- ☐ Billing & coding accuracy
- ☐ Supervision requirements met
- ☐ Action items from last period

Competencies demonstrated & feedback

Action items & plan for next period

ADDITIONAL NOTES

Continuation, observations, or notes

SIGNATURES

We confirm that the supervision contacts recorded above occurred as documented and meet applicable state requirements.

OTA signature

Date

Supervising OT signature

Date