

SAMPLE SUPERVISION PLAN

A) **Direct Supervision** (minimum 20%; recommended more initially) will be provided by:

(Name of physical therapist(s))

Through the following means:

Daily observation (e.g., 1.6 hrs of observation in an 8-hr workday):

AND/OR

Weekly visits (e.g., 1- 7.5 hr day in a 37.5 hr week):

AND/OR

Combination of above (e.g., 2-4 hr mornings/week):

B) **Indirect Supervision** will be provided by:

(Name of physical therapist (s))

Through the following means:

Working in the same facility:

(Name of facility)

AND/OR

By text/phone/fax:

(Identify numbers)

AND/OR

By email:

(Identify address)

CHART AUDITS Chart audits (Monitoring Tool 1) will be performed at identified intervals of (2 per week for first 4 weeks; and following that as determined by the primary supervisor if not meeting expectations) by:

(Name of physical therapist(s))

ACP EVALUATION

Assessment of Clinical Performance (ACP) (Tool 2) will be completed by

(Name of physical therapist)

and presented to the Registrant on _____ (date at approximately six weeks). If all standards are not at entry level, it will be repeated on dates determined appropriate by the primary supervisor _____