

OTA SUPERVISION PLAN

OTA: _____ **OT Supervisor:** _____
Employer/Facility: _____

DATE	Method/Type of supervision	Areas discussed	Supervising OTR	COTA Signature

Example of Method/Types: **O** observation **M** modeling **C** co-treatment **D** discussion
T teaching **I** instruction **P** phone conversation **W** written correspondence **E** e-mail exchanges
(secure only) **T** telehealth

OTA Strengths/Competencies:

OTA Development Goals:

Strategy: