

NC BRTL LRTA Supervision Verification Form

LRTA Name _____ NC BRTL License Number _____

Agency _____

Job Title _____

Supervisor Name _____ NC BRTL License Number _____

Address _____

Phone _____

Email _____

Supervision starting date _____ to ending date _____
Month/day/year Month/day /year

Contact frequency:

_____ Daily

_____ Weekly

_____ Monthly

_____ Quarterly

_____ Other, Explain _____

Type of Supervision:

_____ In house

_____ Face to face visits

_____ Phone

_____ Email

_____ Other, Explain _____

Agency visitations:

_____ yes

_____ no

How often? _____

Documentation /Chart Reviews:

_____ yes

_____ no

How often? _____

If there is a written agreement/plan of operation for supervision please enclose.

I verify this LRTA is practicing within the guidelines set forth by the NC BRTL in Chapter 90C and Administrative Rules Chapter 65

Supervisor Signature _____

LRTA Signature _____

Overall Rating Scale

5= Exceeds Performance

4= Above Expectations

3= Achieves Expectations

2= Below Expectations

1= Does Not Meet Expectations

The Recreational Therapy Assistant:

STANDARD 1: Assessment

_____ **Informs the patient/client of his/her responsibilities in the collection of assessment information and seeks collaboration in the process. If the patient's/client's condition or ability prevents his/her involvement in the assessment, the licensed recreational therapy assistant seeks participation of family and/or significant others. (ATRA, SOP : 1.2.1.1)**

_____ **Uses systematic procedures for collecting assessment information including, as appropriate: structured interview, direct observation, information from others and/or record review. (ATRA, SOP: 1.2.2.1)**

_____ **Provides a summary of assessment information relative to the patient's/client's strengths and weaknesses, to the licensed recreational therapist. (ATRA, SOP: 1.2.3.1)**

STANDARD 2: Treatment Planning

_____ **Collaborates with the licensed recreational therapist in the development of patient's/client's treatment goals, objectives and intervention strategies. (ATRA, SOP: 2.2.3.1)**

_____ **Assists the licensed recreational therapist to identify activities and activity adaptations that may be included in the individualized treatment plan. (ATRA, SOP: 2.2.3.2)**

STANDARD 3: Plan Implementation

_____ **Observes patient/client response to activities and reports behavioral observations to the licensed recreational therapist and/or treatment team so that the treatment plan can be continued, modified or discontinued as necessary. (ATRA, SOP: 3.2.1.1)**

_____ **Documents the implementation and effects of the intervention to provide the licensed recreational therapist with information needed for evaluation of the intervention. (ATRA, SOP: 3.2.2.1).**

_____ **Collaborates with the licensed recreational therapist, members of the treatment team, patient/client, family and/or significant others during the implementation of the treatment plan. (ATRA, SOP: 3.2.3.1)**

_____ **Reports all adverse incidents to licensed recreational therapist and others as appropriate. (ATRA, SOP: 3.2.4.1)**

STANDARD 4: Re-assessment and evaluation

_____Assists in timely evaluation of the treatment plan according to procedure. (ATRA, SOP: 4.2.1.1)

_____Documents evaluation results and reports data to the licensed recreational therapist and members of the treatment team. (ATRA, SOP: 4.2.2.1)

_____Revises or discontinues the treatment plan as directed by the licensed recreational therapist. (ATRA, SOP : 4.2.3.1)

STANDARD 5: Discharge and Transition Planning

_____Provides the licensed recreational therapist with patient/client information to contribute to the discharge planning process. (ATRA, SOP: 5.2.2.1)

_____Collaborates with the licensed recreational therapist, members of the treatment team, the patient/client family and significant others, in respect to the discharge plan. (ATRA, SOP: 4.2.3.1)

_____Assist the licensed recreational therapist to make referrals to agencies and maintain s follow-up contact with the patient/client/significant others with respect to the discharge plan. (ATRA, SOP: 5.2.4.1)

STANDARD 6: Recreation Services

_____Provides and/or supervises recreation and play opportunities for patients/clients in accordance with department procedures that are designed to improve the general health and well-being of patients/clients and their adjustment to the healthcare environment and treatment procedures. (ATRA, SOP: 6.2.1.1)

STANDARD 7: Ethical Conduct

_____Complies with all related agency standards of conduct and professional ethical standards. (ATRA, SOP : 7.2.1.1)

_____Reports all suspected instances of ethical misconduct to the licensed recreational therapist and appropriate parties. (ATRA, SOP : 7.2.2.1)