



Indiana First Steps Developmental Therapy End of Supervision

This form must be completed by the supervising provider and signed by both parties. This form must be submitted with an updated Personnel Information Form, to be completed by the developmental therapist being released from supervision.

This form and any required supporting documentation must be emailed, faxed, or mailed to the First Steps Central Reimbursement Office (CRO) at:

Indiana First Steps Provider Enrollment c/o CSC

P.O. Box 29160 | Shawnee Mission, KS 66201-9160

Email: infsenroll@dxc.com | Fax: 913-888-6683 | Phone: 1-866-339-9595 option 2

DT End of Supervision Checklist

- Provider has completed at least one year of supervision
- 12 monthly supervision reports are on file with the provider agency
- Updated Personnel Information Form is attached

Provider and Supervisor Information	
<input type="text"/>	Agency
<input type="text"/>	Clusters/counties served
<input type="text"/> Provider name	<input type="text"/> Provider discipline
<input type="text"/> Supervisor name	<input type="text"/> Supervisor discipline
<input type="text"/> Provider phone	<input type="text"/> Provider email
<input type="text"/> Supervisor phone	<input type="text"/> Supervisor email

Demonstrated Competence

Please explain why the provider is being recommended for release from supervision, including how the provider has demonstrated early intervention competence in the field during the supervision period.

Lined area for writing the explanation of demonstrated competence.

Provider Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____