

Student's name:		Provider's Name:	
Student's date of birth:	PA Secure ID	Provider's Title:	
School:	Date:	Provider's Signature:	
Diagnosis/symptom(s):			<input type="checkbox"/> Early Intervention <input type="checkbox"/> School Age

Service	Treatment			Refer to the keys below for an explanation of the treatment codes and progress indicators			
Date	Start Time	End Time	Treatment Key (see Pg 2)	Service Type		Progress Indicator Key	Description of Service (daily notes on activity, location, and outcome)
				<input type="checkbox"/> Indiv.			
				<input type="checkbox"/> Group			
				<input type="checkbox"/> Indiv.			
				<input type="checkbox"/> Group			
				<input type="checkbox"/> Indiv.			
				<input type="checkbox"/> Group			
				<input type="checkbox"/> Indiv.			
				<input type="checkbox"/> Group			
				<input type="checkbox"/> Indiv.			
				<input type="checkbox"/> Group			
				<input type="checkbox"/> Indiv.			
				<input type="checkbox"/> Group			
				<input type="checkbox"/> Indiv.			
				<input type="checkbox"/> Group			
				<input type="checkbox"/> Indiv.			
				<input type="checkbox"/> Group			
				<input type="checkbox"/> Indiv.			
				<input type="checkbox"/> Group			

Service Type:	
<b>D</b> = Direct	<b>PA</b> = Provider Absent
<b>PNA</b> = Provider Not Available	<b>DM</b> = Direct Session: Make-up Session
<b>SA</b> = Student Absent	<b>SNA</b> = Student Not Available

Progress Indicator Type		
<b>Mn</b> = Maintaining	<b>Pr</b> = Progressing	<b>In</b> = Inconsistent
<b>Rg</b> = Regressing	<b>Ms</b> = Mastering	

Supervisor's Name: \_\_\_\_\_ Supervisor's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*All services provided under the direction of a licensed audiologist must have a supervisory signature on SBAP documentation. This would include services provided by PDE-certified audiologists which must be provided under the direction of a qualified audiologist in order to be compensable.*

**Treatment Key:**

1	Direct	Determining the range, nature, and degree of hearing loss, including referrals for medical or other professional attention to improve the student's hearing
2	Direct	Providing qualified activities, such as language skills, auditory training, speech, lip-reading, hearing evaluation, and speech conversation
3	Direct	Counseling a student regarding his/her hearing loss
4	Direct	Determining the student's need for group and individual amplification, selecting and fitting an appropriate aid, or evaluating the effectiveness of the amplification
5	Direct	Identifying hearing loss as early as possible in a student's life by implementing a formal plan for identification
6	Direct	Other Direct Service

**Notes:**

- The Treatment Key should not be considered an all-inclusive list. Providers may use "Other Direct Service" but must provide a clear description of the service in their comments.
- All Direct Services must be face-to-face with the student in order to be compensable through the School-Based ACCESS Program.
- Use the "Service Provider Evaluation Log" for evaluations and/or assessments.