

| | | | | | |
|--------------------------|--|--------------|--|-----------------------|---|
| 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: | |
|------------------------------|--------------------------------------|
| D = Direct | PA = Provider Absent |
| PNA = Provider Not Available | DM = Direct Session: Make-up Session |
| SA = Student Absent | SNA = Student Not Available |

| Progress Indicator Type | | |
|-------------------------|-----------------|-------------------|
| Mn = Maintaining | Ev = Evaluation | In = Inconsistent |
| Rg = Regressing | Ms = Mastering | Pr = Progressing |

Supervisor's Name: _____ Supervisor's Signature*: _____ Date: _____

**A Licensed OTA service needs a supervisory signature by a Licensed OT. 49 Pa. Code § 42.22. Supervision of occupational therapy assistants*

Treatment Key:

| | | | | | |
|----|--------|---|----|--------|--|
| 1 | Direct | Assistive Technology: Access to Device | 32 | Direct | Personal Maintenance: Therapeutic Feeding |
| 2 | Direct | Assistive Technology: Student Training | 33 | Direct | Personal Maintenance: Toileting |
| 3 | Direct | Domestic Maintenance: Adaptive Activities | 34 | Direct | Positioning: Adaptive Seating |
| 4 | Direct | Equipment: Splint / Orthotic / Prosthetic Check | 35 | Direct | Positioning: Adaptive Standing |
| 5 | Direct | Equipment: Splint / Orthotic / Prosthetic Training | 36 | Direct | Positioning: Alternative Device |
| 6 | Direct | Equipment: Student Training | 37 | Direct | Recreation / Leisure: Adaptive Activities |
| 7 | Direct | Equipment: Student Training: Headstick, Dowel Pointer, Mouthstick, Switch | 38 | Direct | Relaxation / Facilitation Techniques |
| 8 | Direct | Fine Motor / Upper extremity: Functional Range of Motion | 39 | Direct | Sensory Processing: Classroom Focusing / Attending Skills |
| 9 | Direct | Fine Motor: Bilateral Hand Coordination | 40 | Direct | Sensory Processing: Management of Classroom Tools / Materials |
| 10 | Direct | Fine Motor: Desktop Manipulatives | 41 | Direct | Sensory Processing: Self Regulation Skills |
| 11 | Direct | Fine Motor: Finger Isolation | 42 | Direct | Sensory Processing: Transition Behaviors |
| 12 | Direct | Fine Motor: Grasp / Release | 43 | Direct | Therapeutic Exercise: Coordination Activities |
| 13 | Direct | Fine Motor: In-Hand Manipulation | 44 | Direct | Therapeutic Exercise: Endurance Training |
| 14 | Direct | Fine Motor: One-Handed Strategies | 45 | Direct | Therapeutic Exercise: Functional Range of Motion |
| 15 | Direct | Fine Motor: Strengthening / Endurance | 46 | Direct | Therapeutic Exercise: Muscle Strengthening |
| 16 | Direct | Functional Academics: Adaptive Handwriting / Writing Accommodations | 47 | Direct | Therapeutic Exercise: Organization / Motor Planning / Spatial Concepts |
| 17 | Direct | Functional Academics: Adaptive Handwriting / Writing Implement | 48 | Direct | Therapeutic Exercise: Stretching |
| 18 | Direct | Functional Academics: Adaptive Handwriting / Writing Surface | 49 | Direct | Vocational: Adaptive Activities |
| 19 | Direct | Functional Academics: Handwriting Control / Coordination | 50 | Direct | Visual: Motor Skills |
| 20 | Direct | Mobility: Grasp of Ambulation Device | 51 | Direct | Visual: Perception Skills |
| 21 | Direct | Mobility: Transfer Training | 52 | Direct | Psycho-Social Skills |
| 22 | Direct | Mobility: Transition Training | 53 | Direct | Environmental Adaptations |
| 23 | Direct | Mobility: Wheelchair Mobility | 54 | Direct | Other Direct Service |
| 24 | Direct | Mobility: Fine | | | |
| 25 | Direct | Mobility: Gross | | | |
| 26 | Direct | Neuromuscular Development: Head Control | | | |
| 27 | Direct | Neuromuscular Development: Lower Extremity | | | |
| 28 | Direct | Neuromuscular Development: Trunk Control | | | |
| 29 | Direct | Neuromuscular Development: Upper Extremity | | | |
| 30 | Direct | Personal Maintenance: Adaptive Dressing Skills | | | |
| 31 | Direct | Personal Maintenance: Adaptive Grooming / Hygiene | | | |

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.