Student's name:			Provider's Name:	e:
Student's date of birth:	P.A	A Secure ID	Provider's Title:	
School:	Da	ate:	Provider's Signat	ture:
Diagnosis/symptom(s):	•	·		☐ Early Intervention ☐ 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	Туре	Progress Indicator Key	Description of Service (daily notes on activity, location, and outcome)	
				□Indiv. □Group □Indiv.				
				□Group □Indiv. □Group				
				□Indiv. □Group □Indiv.				
				☐Group☐Indiv.☐Group☐				
				□Indiv. □Group □Indiv.				
				□Group □Indiv. □Group				
				□Indiv. □Group □Indiv. □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

Treatment Key:

1	Direct	Individual therapy or counseling
2	Direct	Group therapy or counseling
3	Direct	Obtaining, integrating, and interpreting information about medical/mental health conditions in relation to learning
4	Direct	Crisis assistance
5	Direct	Skills training designed to improve the basic functioning of the student in activities of daily and community living and
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 "Psychological Evaluation Log" for evaluations and/or assessments.