	Provider's Name:					Student's name:			
	Provider's Title:	PA Secure ID				Student's date of birth:			
	Provider's Signature:	Date:			School:		School:		
rention School Age		gnosis/symptom(s):		Diagnosis/symptom(s):					
	,					1			
	t codes and progress indi	ion of the treatmen	w for an explanat	the keys below f	Refer to	tment	Service Trea		
cation, and outcome)	of Service (daily notes o	Description	Progress Indicator Key	ice Type	i serv	Treatment Key (see Pg 2)	End Time	Start Time	Date
					☐ Indiv.				
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					Grou Indiv.				

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	Articulation for Hearing Support
2	Direct	Assistive Technology
3	Direct	Auditory Comprehension
4	Direct	Auditory Discrimination
5	Direct	Auditory Memory
6	Direct	Auditory Training
7	Direct	Auditory Training and Language Skills
8	Direct	Augment Oral Communication
9	Direct	Augment Written Communication
10	Direct	Aural Rehabilitation
11	Direct	Expressive Language
12	Direct	Figure-Ground Discrimination
13	Direct	FM Training Auditory Memory
14	Direct	Hearing Aid Maintenance
15	Direct	Hearing/FM Aid Instruction to Student
16	Direct	Language Enhancement
17	Direct	Receptive and Expressive Communication Feedback through Listening Technology in the Hearing Impaired Services
18	Direct	Receptive Language
19	Direct	Speech Reading
20	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.