| 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): | | | | | | | | | | | | Early Interve | ention School A | ge |
| | | | | | | | | | | | | | | |
| Service Treat | | | ment | Refer to t | the keys below for an explanation of the treatment codes and prog | | | | | | s indi | cators | | |
| Date | Start Time | End Time | Treatment Key (see Pg 2) | Service Type | | | ogress licator Key | Description of Service (daily notes on activity, location, and outcome) | | | | | | |
| | | | | ☐ Indiv. ☐ Group | | | | | | | | | | |
| | | | | ☐ Indiv.☐ Group | | | | | | | | | | |
| | | | | ☐ Indiv.☐ Group | | | | | | | | | | |
| | | | | ☐ Indiv. ☐ Group | | | | | | | | | | |
| | | | | ☐ Indiv. | | | | | | | | | | |
| | | | | ☐ Indiv. | | | | | | | | | | |
| | | | | Group | | | | | | | | | | |
| | | | | ☐ Group☐ Indiv. | | | | | | | | | | |
| | | | | ☐ Group☐ Indiv. | | | | | | | | | | |
| | | | | ☐ Group☐ Indiv. | | | | | | | | | | |
| | | | | Group | | | | | | | | | | |
| | | | | ☐ Group | | | | | | | | | | |
| Service Type: Progress Indicator Type | | | | | | | | | | | | | | |
| D = Direct PA = Provider Absent | | | | | | | | = Maintaining | | Pr = Progressing | In = 1 | nconsistent | | |
| PNA = Pro | | t Availabl | | | | | | Regressing | | Ms = Mastering | | | | |

SA = Student Absent

SNA = Student Not Available

Treatment Key:

| 1 | Direct | Communicating with the student, family, service providers, educators, and others relating to student's history, mental status or behavior or Individual Behavior Plan. (Student must be present.) |
|---|--------|---|
| 2 | Direct | Conducting individual psychotherapy. |
| 3 | Direct | Crisis Assistance. |
| 4 | 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.