Student's name:		Provid	der's Name:	
Student's date of birth:	PA Secure ID	Provid	der's Title:	
School:	Date:	Provid	der's Signature:	
Disability/Diagnosis:				Early Intervention 🗌 School Age

Initial Evaluation Re-Evaluation 

Service	Treatment			Refer to the keys below for an explanation of the treatment codes	
Date	Start Time	End Time	ne Treatment Key (see Pg 2)	Description of Service	

Date Evaluation Completed: \_\_\_/\_\_\_/\_\_\_\_/\_\_\_\_\_

## **Treatment Key:**

1	Direct	Administering Tests (face to face)		
2	Direct	Assessment of Student (face to face)		
3	Direct	Classroom Observation (face to face)		
4	Indirect	Consultation with a medical professional		
5	Indirect	Professional Responsibilities: Parent Consultation		
6	Indirect	Professional Responsibilities: Teacher/Staff Consultation		
7	Indirect	Report Writing		

## Notes:

- All evaluations/assessments are paid based upon a "Per Evaluation" unit of service, effective March 1, 2015.
- In order for the evaluation log to be submitted as a compensable claim, at least one of the three face-to-face options from the Treatment Key must be selected.
- Only psychological evaluations/assessments that lead to and result in the creation of an IEP or the continuation of an IEP can be billed to Medical Assistance.
- Attach all documentation relating to the evaluation to this log.