Student's name:							Provider's Name:		
Student's date of birth:				PA Secure	ID		Provider's Title:		
School:			Date:	Date:		Provider's Signature:			
Diagnosis/symptom(s):							Early Intervention School Age		
Service	ice 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	Description of	f Service (daily note	es on a	activity, location, and outcome)

Jei vice	Heatment			The state of the s			
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)	
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				☐ 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	Pr = Progressing	In = Inconsistent			
Rg = Regressing	Ms = Mastering				

Treatment Key:

1	Direct	Individual therapy or counseling			
2	Direct	ct Group therapy or counseling			
3	Direct	Crisis assistance			
4	Direct	Skills training designed to improve the basic functioning of the student in activities of daily and community living and improving social interaction with others			
5	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.