### Service Provider Evaluation Log 2018-2019

**Student’s name:**

**Provider’s Name:**

**Student’s date of birth:**

**PA Secure ID**

**Provider’s Title:**

**School:**

**Date:**

**Provider’s Signature:**

**Disability/Diagnosis:**

- [ ] Initial Evaluation  
- [ ] Re-Evaluation  
- [ ] Early Intervention  
- [ ] School Age

**Service**

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>End Time</th>
<th>Treatment Key (see Pg 2)</th>
<th>Evaluation Service Type</th>
<th>Description of Service</th>
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**Date Evaluation Completed:** __ __/ __/ __ __ __ __

**Evaluation Service Type:**

- AUD = Audiology
- OT = Occupational Therapy
- PSY = Psychiatric
- SW = Social Work / Counseling
- OM = Orientation and Mobility
- PT = Physical Therapy
- SLH = Speech-Language and Hearing
- THI = Teacher of the Hearing Impaired

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Public Consulting Group  
https://paaccess.pcgus.com/  
SBAPsupport@pcgus.com  
(866) 912-2976  
Updated: 6/13/2018
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<thead>
<tr>
<th></th>
<th>Direct</th>
<th>Indirect</th>
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<tbody>
<tr>
<td>1</td>
<td>Administering Tests (face to face)</td>
<td>Consultation with a medical professional</td>
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<td>2</td>
<td>Assessment of Student (face to face)</td>
<td>Professional Responsibilities: Parent Consultation</td>
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<td>3</td>
<td>Classroom Observation (face to face)</td>
<td>Professional Responsibilities: Teacher/Staff Consultation</td>
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<tr>
<td>4</td>
<td></td>
<td>Report Writing</td>
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**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.
- An initial evaluation or re-evaluation may only be billed to Medicaid if it results in the student receiving an ongoing IEP health-related MA-eligible service(s). The ongoing service does not have to be the same discipline as the evaluation.
- **Attach all documentation relating to the evaluation to this log.**