

| | | | | | |
|--------------------------|--|--------------|--|---|--|
| Student's name: | | PA Secure ID | | Provider's Name: | |
| Student's date of birth: | | Date: | | Provider's Title: | |
| School: | | | | Provider's Signature: | |
| Diagnosis/symptom(s): | | | | <input type="checkbox"/> Early Intervention <input type="checkbox"/> School Age | |

| Service | 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 Key | Description of Service (daily notes on activity, location, and outcome) |
| | | | | <input type="checkbox"/> Indiv. | | |
| | | | | <input type="checkbox"/> Group | | |
| | | | | <input type="checkbox"/> Indiv. | | |
| | | | | <input type="checkbox"/> Group | | |
| | | | | <input type="checkbox"/> Indiv. | | |
| | | | | <input type="checkbox"/> Group | | |
| | | | | <input type="checkbox"/> Indiv. | | |
| | | | | <input type="checkbox"/> Group | | |
| | | | | <input type="checkbox"/> Indiv. | | |
| | | | | <input type="checkbox"/> Group | | |
| | | | | <input type="checkbox"/> Indiv. | | |
| | | | | <input type="checkbox"/> Group | | |
| | | | | <input type="checkbox"/> Indiv. | | |
| | | | | <input type="checkbox"/> Group | | |
| | | | | <input type="checkbox"/> Indiv. | | |
| | | | | <input type="checkbox"/> Group | | |
| | | | | <input type="checkbox"/> Indiv. | | |
| | | | | <input type="checkbox"/> Group | | |
| | | | | <input type="checkbox"/> Indiv. | | |
| | | | | <input type="checkbox"/> 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 | 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 | Conducting group 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.