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 Intervention	☐ 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)
				☐ Indiv. ☐ Group		
				☐ Indiv. ☐ Group		
				☐ Indiv. ☐ Group		
				☐ Indiv. ☐ Group		
				☐ Indiv. ☐ Group		
				☐ Indiv. ☐ Group		
				☐ Indiv. ☐ Group		
				☐ Indiv. ☐ Group		
				☐ Indiv. ☐ Group		
				☐ Indiv. ☐ Group		

Service Type:

D = Direct	**DM** = Direct Session: Make-up Session
DT = Direct: Telemedicine	**DTM** = Direct: Make Up Telemedicine
PA = Provider Absent	**PNA** = Provider Not Available
SA = Student Absent	**SNA** = Student Not Available

Progress Indicator Type

Mn = Maintaining	**Pr** = Progressing	**In** = Inconsistent
Rg = Regressing	**Ms** = Mastering	

Treatment Key:

1	Direct	Basic Visual Motor Skills
2	Direct	Basic Visual Perception
3	Direct	Moving through Environment
4	Direct	ID of Safety and Information Signs
5	Direct	Location of Commercial Services
6	Direct	ID of Landmarks
7	Direct	Spatial Orientation
8	Direct	Telling Time
9	Direct	Methods of Crossing Streets
10	Direct	School Environment Familiarization
11	Direct	Map Making
12	Direct	Practical Living Awareness
13	Direct	Age Appropriate Social Skills
14	Direct	Exercises related to social skills and dealing with the seeing world.
15	Direct	Teaching methods to promote safety in moving about.
16	Direct	Therapy related to visual perception, movement, spatial orientation.
17	Direct	Training to locate and use community resources; such as taking a bus to school or summoning help in an emergency situation.
18	Direct	Other Direct Service

Notes:

- All Direct Services should be provided face-to-face with the student whenever possible.

- When face-to-face delivery of service is not possible, services may be billed when provided via telemedicine when technical and program requirements are met, and the service can be rendered to its full extent in a clinically appropriate manner.

- 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.

- Use the "Service Provider Evaluation Log" for evaluations and/or assessments.