

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):					<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	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	Individual therapy or counseling
2	Direct	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:

- 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.