

# Service Provider Evaluation Log | 2020-2021

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

Initial Evaluation     Re-Evaluation

Service	Treatment			Refer to the keys below for an explanation of the treatment codes	
Date	Start Time	End Time	Treatment Key (see Pg 2)	Evaluation Service Type	Description of Service

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

**Treatment Key:**

1	Direct	Administering Tests (face-to-face)
2	Direct	Assessment of Student (face-to-face)
3	Direct	Classroom Observation (face-to-face)
4	Indirect	Consultation with a medical professional
5	Indirect	Professional Responsibilities: Parent Consultation
6	Indirect	Professional Responsibilities: Teacher/Staff Consultation
7	Indirect	Report Writing

**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.
- When an ongoing health-related service in the service type being evaluated is identified and documented in the student’s IEP, the evaluation may be billed.
- **Attach all documentation relating to the evaluation to this log.**