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		

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	

Supervisor's Name: _____   Supervisor's Signature*: _____   Date: _____

All services provided by Assistants, as defined by 49 Pa. Code § 45.301 and 49 Pa. Code § 45.304, must be supervised under the direction of a licensed audiologist, and must have a supervisory signature on SBAP Documentation. 49 Pa. Code § 45.306. Supervision and responsibility.

Treatment Key:

1	Direct	Determining the range, nature, and degree of hearing loss, including referrals for medical or other professional attention to improve the student's hearing
2	Direct	Providing qualified activities, such as language skills, auditory training, speech, lip-reading, hearing evaluation, and speech conversation
3	Direct	Counseling a student regarding his/her hearing loss
4	Direct	Determining the student's need for group and individual amplification, selecting and fitting an appropriate aid, or evaluating the effectiveness of the amplification
5	Direct	Identifying hearing loss as early as possible in a student's life by implementing a formal plan for identification
6	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.