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	

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

*A Licensed PTA needs a supervisory signature by a Licensed PT. 49 Pa. Code § 40.173. Supervision of physical therapist assistant by licensed physical therapist

Treatment Key:

1.	Direct	Assistive Technology: Access to Device	18.	Direct	Neuromuscular Development: Head Control
2.	Direct	Assistive Technology: Student Training	19.	Direct	Neuromuscular Development: Lower Extremity
3.	Direct	Balance Training	20.	Direct	Neuromuscular Development: Trunk Control
4.	Direct	Equipment: Splint / Orthotic / Prosthetic check	21.	Direct	Neuromuscular Development: Upper Extremity
5.	Direct	Equipment: Splint / Orthotic / Prosthetic training	22.	Direct	Positioning: Adaptive Seating
6.	Direct	Equipment: Student Training	23.	Direct	Positioning: Adaptive Standing
7.	Direct	Functional Mobility: Community	24.	Direct	Positioning: Alternative Device
8.	Direct	Functional Mobility: Indoor - Level Surfaces	25.	Direct	Positioning: Postural Alignment
9.	Direct	Functional Mobility: Indoor - Uneven Surfaces	26.	Direct	Posture and Body Mechanics
10.	Direct	Functional Mobility: Outdoor - Varying Terrain	27.	Direct	Pulmonary Support
11.	Direct	Functional Mobility: Outdoor - Level Surfaces	28.	Direct	Relaxation / Facilitation Techniques
12.	Direct	Functional Mobility: Transfer Training	29.	Direct	Therapeutic Exercise: Coordination Activities
13.	Direct	Functional Mobility: Transition Training	30.	Direct	Therapeutic Exercise: Endurance Training
14.	Direct	Functional Mobility: Transportation	31.	Direct	Therapeutic Exercise: Functional Range of Motion
15.	Direct	Functional Mobility: Wheelchair	32.	Direct	Therapeutic Exercise: Muscle Strengthening
16.	Direct	Functional Mobility: Stairs	33.	Direct	Therapeutic Exercise: Stretching
17.	Direct	Gait / Ambulation Training	34.	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.