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		
				☐ 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	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.