Student's name:			Provider's Name:				
Student's da	ate of birth:	PA Secure ID	Provider's Title:				
School:		Date:	Provider's Signature:				
Diagnosis/sy	ymptom(s):			Early Intervention School Age			
Service	Treatment	Refer to the keys below for an expla	Refer to the keys below for an explanation of the treatment codes and progress indicators				

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 Group Group Group			

Service Type:	
<b>D</b> = Direct	<b>DM</b> = Direct Session: Make-up Session
<b>DT</b> = Direct: Telemedicine	<b>DTM</b> = Direct: Make Up Telemedicine
PA = Provider Absent	PNA = Provider Not Available
SA = Student Absent	<b>SNA</b> = Student Not Available
-	

Progress Indicator Type				
Mn = Maintaining	<b>Pr</b> = Progressing	In = Inconsistent		
Rg = Regressing	Ms = Mastering			

## **Treatment Key:**

1	Direct	Communicating with the student, family, service providers, educators, and others relating to student's history, mental status or behavior or Individual Behavior Plan. (Student must be present.)
2	Direct	Conducting individual psychotherapy.
3	Direct	Conducting group psychotherapy.
3	Direct	Crisis Assistance.
4	Direct	Other Direct Service

## **Notes:**

- All Direct Services should be provided in person with the student whenever possible.
- Services rendered via telemedicine must be provided according to the same standard of care as if delivered in person.
- 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.