Student's name:				Provider's Name			
Student's date of birth:		PA Secure ID		Provider's Title:			
School:		Date:		Provider's Signat	ure:		
Disability/Diagnosis:						Early Intervention 🗌 School Age	
📄 Initial Evaluation: Face to Face 📄 Initial Evaluation: Telemedicine 📄 Re-Evaluation: Face to Face 📄 Re-Evaluation: Telemedicine							

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

Date Evaluation Completed: ___/___/____/

Treatment Key:

1	Direct	Administering Tests		
2	Direct	Assessment of Student		
3	Direct	Classroom Observation		
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 services, effective March 1, 2015.
- In order for the evaluation log to be submitted as a compensable claim, at least one of the three direct services listed on the Treatment Key must have been provided and logged.
- Services rendered via telemedicine must be provided according to the same standard of care as if delivered in person.
- An initial psychological evaluation conducted solely to determine a student's eligibility **may not be billed.** However, if the psychological evaluation identifies an MA health-related covered service (s) to be documented in the IEP, the evaluation may be billed.
- A psychological re-evaluation conducted solely to determine a student's ongoing eligibility for special education services **may not be billed.** However, if the psychological re-evaluation identifies the continued need for counseling/therapy services and this is documented in the IEP, the re-evaluation may be billed.
- Attach all documentation relating to the evaluation to this log.