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):										l		Early Interv	vention Sc	chool Age	
Service Treat			ment	Refer to t	efer to the keys below for an explanation of the treat					nt codes and progre	ess indi	cators			
Date	Start Time	End Time	Treatment Key (see Pg 2)	Service Type			gress icator Key	Descript	Description of Service (daily notes on activity, location, and outcome)						
				☐ Indiv.											
				☐ Indiv.											
				☐ Indiv. ☐ Group											
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Service Type:								gress Indicator Typ	<u>e</u>	Du Duran '	1				
D = Direct		edicine	DM = Direct Session: Make-up Session DTM = Direct: Make Up Telemedicine					Mn = MaintainingPr = ProgressingIn = InconsistentRg = RegressingMs = Mastering							
PΔ = Prov			PNΔ = Provid	•			<u> </u>	I	<u> </u>	_					

SA = Student Absent

SNA = Student Not Available

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 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.