Student's name:			Provider's Name	:		
Student's date of birth:		PA Secure ID	Provider's Title:			
School:		Date:	Provider's Signat	ure:		
Diagnosis/symptom(s):					Early Intervention	School Age
C	T 1 1	Defends the les	 the transfer and a sale		! !! !	

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)

Service Type:			
D	FTF = Direct: Face to Face		

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

## **Treatment Key:**

1	Direct	Face to face encounter with student for completion of Medical Practitioner Authorization Forms; prescriptions; referral reports and documentation; relative to the SBAP.
2	Direct	Face to face encounter with student for review of IEP document and additional documents to determine medical necessity for the medical/mental health-related services designated by the IEP team.
3	Direct	Other Direct Service

## Notes:

- 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.
- All Direct Services must be face-to-face with the student in order to be compensable through the School-Based ACCESS Program.
- Physician Services must be provided on a one-to-one basis in order to be compensable through the School-Based ACCESS Program.