Psychological Evaluation Log 2017-2018

Student's name:					Provider's Name:				
Student's date of birth:		1		PA Secure ID		Provider's Title:			
School:				Date:		Provider's Signature:			
Disability/Diagnosis:					,			Early Intervention School Age	
☐ Initial Evaluation ☐ Re-Evaluation									
Service Trea		Treatmer	reatment Refer to			he keys below for an explanation of the treatment codes			
Date	Start Time	End Time	Treatment Key (see Pg 2	Description of Service					
				Date Evalu	ation Completed:/	/			

Treatment Key:

1	Direct	Administering Tests (face to face)			
2	Direct	Assessment of Student (face to face)			
3	Direct	Classroom Observation (face to face)			
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 service, effective March 1, 2015.
- In order for the evaluation log to be submitted as a compensable claim, at least one of the three face-to-face options from the Treatment Key must be selected.
- Only psychological evaluations/assessments that lead to and result in the creation of an IEP or the continuation of an IEP can be billed to Medical Assistance.
- Attach all documentation relating to the evaluation to this log.