## **CONTRACTING AGENCY: NY THERAPY**

PROVIDER SESSION NOTES

MONTH:

Page 1

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	YEAR:						
Student's Name (last,first),	DOB	School District	IE	P Dates of Services			
Name of Service Provider/License number	NPI #	Supervising Provide	er/License # II	CD9 Code(S)			
Service Type:  OT  OT  OPT  SP  Counseling  ABA Parent Training  Resource Room/Home Instructio	RX Received date	Exact Location of S	ervice	Frequency and Duration			
Missed Visit Code Key:	*Your notes wil	be returned if the	ev do not reflec	t student IEP goals*			
P PROVIDED SAN STUDENT ABSENT WITH NOTICE SANN STUDENT ABSENT WITHOUT NOTICE PA PROVIDER ABSENT MU MAKE UP MP MISSING PRESCRIPTION SC SCHOOL CLOSED	***Provider signature and date required after each session note *** Supervisor signature and date required when services are provided by OTA or CFY ***Authorized signature <b>MUST BE</b> obtained when services are provided <b>OUTSIDE</b> of the public school setting. The signature of school personnel must be obtained for services provided within the public school setting when required by the office of PPS.						
ession Date Time In	Time Out 🗆 I	ndividual Group G	roup Size: <u>S</u> e	ession Code:			
ession Notes: Activity (Including objectives	and measures of success)	and response(s) of the	CPT Code:_	Minutes: Minutes: Minutes:			
Provider Signature: Supervisor Signature: Parent/Staff/Teacher Signature:		_Date / / _Date / / _Date / /		Progress (Check one) Progress Limited Progress No Progress			
ession Date Time In							
ession Notes: Activity (Including objectives	and measures of success)	and response(s) of the		Minutes:			
Provider Signature:		_Date / / _Date / / _Date / /		Progress (Check one) <ul> <li>Progress</li> <li>Limited Progress</li> <li>No Progress</li> </ul>			
Session Date Time In		ndividual 🗆 Group	Group Size:	Session Code:			
Session Date Time InSession Notes: Activity (Including objectives		-	e child: CPT Code CPT Code:_				
Provider Signature: Supervisor Signature: Parent/Staff/Teacher Signature:		_Date / / _Date / / Date / /		Progress (Check one) <ul> <li>Progress</li> <li>Limited Progress</li> <li>No Progress</li> </ul>			

My Signature above verifies that the services were provided on the dates indicate. I understand that this information may be used for Medicaid claiming purposes and must accurately reflect services provided

CONTRACTING AGENCY: NY THERAPY	PROVID	ER SESSION NOTES	MONTH:	Page 2	
	YEAR:				
tudent's Name (last,first)	DOB	School District	IEP Da	ates of Services	
Session Date Time In	Time Out	🗆 Individual 🗆 Group	Group Size:	Session Code:	
Session Notes: Activity (Including objectives	s and measures of	success) and response(s) of t	he child: CPT Code_	Minutes:	
			CPT Code:	Minutes:	
			CPT Code:_	Minutes:	
				Progress (Check one)	
				Progress     Limited December	
Provider Signature:				<ul> <li>Limited Progress</li> <li>No Progress</li> </ul>	
Supervisor Signature: Parent/Staff/Teacher Signature:					
Session Date Time In	Time Out	🗆 Individual 🗆 Group	Group Size:	Session Code:	
Session Notes: Activity (Including objectives					
		, , , ,		Minutes:	
				Minutes:	
			-		
				Progress (Check one)  Progress	
Provider Signature:				□ Limited Progress	
Supervisor Signature: Parent/Staff/Teacher Signature:				No Progress	
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Session Date Time In	Time Out	🗆 Individual 🛛 Group	Group Size:	Session Code:	
Session Notes: Activity (Including objectives	s and measures of	success) and response(s) of t	he child: CPT Code_	Minutes:	
			CPT Code:	Minutes:	
				Minutes:	
			-		
Provider Signature:		Date / /		Progress (Check one)	
Supervisor Signature:		Date / /		<ul> <li>Progress</li> <li>Limited Progress</li> </ul>	
Parent/Staff/Teacher Signature:		Date / /		No Progress	
Session Date Time In	Time Out		Group Size:	Session Code:	
Session Notes: Activity (Including objectives					
	s and measures of	successi and response(s) of t		Minutes:	
				Minutes:	
			er i coue		
Provider Signature:		Date / /		Drogross (Charlings)	
Supervisor Signature:				Progress (Check one) <ul> <li>Progress</li> </ul>	
Parent/Staff/Teacher Signature:		Date / /		□ Limited Progress	
				No Progress	

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