

YEAR: \_\_\_\_\_

|  |                  |                                |                        |
|--|------------------|--------------------------------|------------------------|
| Student's Name (last,first),   | DOB              | School District                | IEP Dates of Services  |
| Name of Service Provider/License number  | NPI #            | Supervising Provider/License # | ICD9 Code(S)           |
| Service Type: <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SP <input type="checkbox"/> Counseling <input type="checkbox"/> ABA<br><input type="checkbox"/> Parent Training <input type="checkbox"/> Resource Room/Home Instruction | RX Received date | Exact Location of Service      | Frequency and Duration |

**Missed Visit Code Key:**

|      |                               |
|------|-------------------------------|
| P    | PROVIDED                      |
| SAN  | STUDENT ABSENT WITH NOTICE    |
| SANN | STUDENT ABSENT WITHOUT NOTICE |
| PA   | PROVIDER ABSENT               |
| MU   | MAKE UP                       |
| MP   | MISSING PRESCRIPTION          |
| SC   | SCHOOL CLOSED                 |

**\*Your notes will be returned if they do not reflect student IEP goals\***

\*\*\*Provider signature and date required after each session note

\*\*\* Supervisor signature and date required when services are provided by OTA or CFY

\*\*\*Authorized signature **MUST BE** obtained when services are provided **OUTSIDE** 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.

Session Date \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ ☐ Individual ☐ Group Group Size: \_\_\_\_\_ Session Code: \_\_\_\_\_

Session Notes: Activity (Including objectives and measures of success) and response(s) of the child: CPT Code \_\_\_\_\_ Minutes: \_\_\_\_\_

CPT Code: \_\_\_\_\_ Minutes: \_\_\_\_\_

CPT Code: \_\_\_\_\_ Minutes: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date / /

Supervisor Signature: \_\_\_\_\_ Date / /

Parent/Staff/Teacher Signature: \_\_\_\_\_ Date / /

Progress (Check one)

☐ Progress

☐ Limited Progress

☐ No Progress

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