



ALL ABOUT KIDS NPI # 1669513404



SCHOOL AGE GROUP SERVICES TREATMENT LOG - revised 8/2015

<small>Please complete all fields:</small>				
1. Name of Student: _____		DOB / / <input type="checkbox"/> M <input type="checkbox"/> F		2. District Name _____
3. Provider Name & Credential _____			LIC or CERT. # _____	NPI # _____
4. Type of Service: _____	5. Current IEP Date Range: / / to / /	6. Frequency & Duration: x per _____	8. Location of Services: _____	9. Month/Year of Service / /

Please complete all fields:

Date of Service ___/___/___ Time in: ___:___ am/pm Time Out: ___:___ am/pm Attendance Code ___ Make-up Y N Missed session date ___/___/___
 ICD 9 Code ___ ICD 10 Code _____ CPT Code(s) _____ check one Group 1st Group 2nd Group 3rd Group 4th
 Activity/Lesson Given (As per IEP including objectives & measures of success): _____

Response(s) of Child _____

Print Name of Parent/Witness _____ Signature of Parent/Witness _____ Date ___/___/___

 _____ Date ___/___/___

Provider Signature & Credentials License or Cert. # & NPI# USO/UDO Supervisor Signature, Credentials, License, NPI#

Date of Service ___/___/___ Time in: ___:___ am/pm Time Out: ___:___ am/pm Attendance Code ___ Make-up Y N Missed session date ___/___/___
 ICD 9 Code ___ ICD 10 Code _____ CPT Code(s) _____ check one Group 1st Group 2nd Group 3rd Group 4th
 Activity/Lesson Given (As per IEP including objectives & measures of success): _____

Response(s) of Child _____

Print Name of Parent/Witness _____ Signature of Parent/Witness _____ Date ___/___/___

 _____ Date ___/___/___

Provider Signature & Credentials License or Cert. # & NPI# USO/UDO Supervisor Signature, Credentials, License, NPI#

Date of Service ___/___/___ Time in: ___:___ am/pm Time Out: ___:___ am/pm Attendance Code ___ Make-up Y N Missed session date ___/___/___
 ICD 9 Code ___ ICD 10 Code _____ CPT Code(s) _____ check one Group 1st Group 2nd Group 3rd Group 4th
 Activity/Lesson Given (As per IEP including objectives & measures of success): _____

Response(s) of Child _____

Print Name of Parent/Witness _____ Signature of Parent/Witness _____ Date ___/___/___

 _____ Date ___/___/___

Provider Signature & Credentials License or Cert. # & NPI# USO/UDO Supervisor Signature, Credentials, License, NPI#

Attendance Codes: P- Provided CA-Student Absence TA- Provider Absence SC- School Closed H- Holiday
 Please provide a log note for ALL provided and cancelled service dates for the month. BOTH signatures are required on ALL provided and cancelled dates.
 Submit original treatment logs & billing to the office by the 5th of the following month on a monthly basis. DO NOT combine multiple months on this form.
 ****PRINT NEATLY ***USE BLACK INK ONLY ***ABSOLUTELY NO WHITE-OUT IS ALLOWED ON THIS FORM****

Page _____.

Child's Name: _____

Date of Service ____/____/____ Time in: ____:____ am/pm Time Out: ____:____ am/pm Attendance Code ____ Make-up Y N Missed session date ____/____/____

ICD 9 Code _____ ICD 10 Code _____ CPT Code(s) _____ check one Group 1st Group 2nd Group 3rd Group 4th

Activity/Lesson Given (As per IEP including objectives & measures of success): _____

Response(s) of Child _____

Print Name of Parent/Witness _____ Signature of Parent/Witness _____ Date ____/____/____

Provider Signature & Credentials _____

License or Cert. # & NPI# _____

USO/UDO Supervisor Signature, Credentials, License, NPI# _____

Date of Service ____/____/____ Time in: ____:____ am/pm Time Out: ____:____ am/pm Attendance Code ____ Make-up Y N Missed session date ____/____/____

ICD 9 Code _____ ICD 10 Code _____ CPT Code(s) _____ check one Group 1st Group 2nd Group 3rd Group 4th

Activity/Lesson Given (As per IEP including objectives & measures of success): _____

Response(s) of Child _____

Print Name of Parent/Witness _____ Signature of Parent/Witness _____ Date ____/____/____

Provider Signature & Credentials _____

License or Cert. # & NPI# _____

USO/UDO Supervisor Signature, Credentials, License, NPI# _____

Date of Service ____/____/____ Time in: ____:____ am/pm Time Out: ____:____ am/pm Attendance Code ____ Make-up Y N Missed session date ____/____/____

ICD 9 Code _____ ICD 10 Code _____ CPT Code(s) _____ check one Group 1st Group 2nd Group 3rd Group 4th

Activity/Lesson Given (As per IEP including objectives & measures of success): _____

Response(s) of Child _____

Print Name of Parent/Witness _____ Signature of Parent/Witness _____ Date ____/____/____

Provider Signature & Credentials _____

License or Cert. # & NPI# _____

USO/UDO Supervisor Signature, Credentials, License, NPI# _____

Date of Service ____/____/____ Time in: ____:____ am/pm Time Out: ____:____ am/pm Attendance Code ____ Make-up Y N Missed session date ____/____/____

ICD 9 Code _____ ICD 10 Code _____ CPT Code(s) _____ check one Group 1st Group 2nd Group 3rd Group 4th

Activity/Lesson Given (As per IEP including objectives & measures of success): _____

Response(s) of Child _____

Print Name of Parent/Witness _____ Signature of Parent/Witness _____ Date ____/____/____

Provider Signature & Credentials _____

License or Cert. # & NPI# _____

USO/UDO Supervisor Signature, Credentials, License, NPI# _____

Attendance Codes: P- Provided CA-Student Absence TA- Provider Absence SC- School Closed H- Holiday

Please provide a log note for **ALL** provided and cancelled service dates for the month. **BOTH** signatures are required on **ALL** provided and cancelled dates. Submit original treatment logs & billing to the office by the 5th of the following month on a monthly basis. DO NOT combine multiple months on this form.

*****PRINT NEATLY ***USE BLACK INK ONLY ***ABSOLUTELY NO WHITE-OUT IS ALLOWED ON THIS FORM*****