ALL ABOUT KIDS NPI # 1669513404

SCHOOL AGE <u>GROUP SERVICES</u> TREATMENT LOG – revised 8/2015

Please complete all fields:

1. Name of Student: _____ DOB ___/___/___ ☐M ☐ 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 ___/___/___

CPT Code(s) _____ _____ _____ _____check one ☐Group 1st ☐Group 2nd ☐Group 3rd ☐Group 4th

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

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 ___/___/___

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_____   _____   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:** _____

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

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_____   Date ___/___/___
_____   _____   _____
Provider Signature & Credentials   License or Cert. # & NPI#   **USO/UDO Supervisor Signature, Credentials, License, NPI#**

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