## SCHOOL AGE GROUP SERVICES TREATMENT LOG - revised 8/2015

Please complete all fields:  1. Name of Student:		DOB / /	□M □ F 2. District Name	
				NDI //
3.Provider Name& Credential 4. Type of Service:	5. Current IEP Date Range:	6. Frequency & Duration	LIC or CERT. # n: 8. Location of Services:	NPI #  9. Month/Year of Service
Please complete all fields:				· · · · · · · · · · · · · · · · · · ·
CPT Code(s)	check	one $\square$ Group 1st $\square$ Group $2^{nd}$	Attendance Code Make-up \[ \]Y \[ \] Group 3rd \[ \] Group 4th	□N Missed session date//
Response(s) of Child				
Print Name of Parent/Witne	ess	Signature of	f Parent/Witness	Date//
Provider Signature & Crede	entials License or C	Cert. # & NPI#	USO/UDO Supervisor Signature, Cre	Date/
Activity/Lesson Given (As po	Time in:: am/pm Ti_checker IEP including objectives & measures of succ	ess):		□N Missed session date//
Print Name of Parent/Witne	ess	Signature o	f Parent/Witness	Date//
Dunaidan Siamatana & Card		Cert. # & NPI#		Date/
Provider Signature & Cred	entials License of C	en. # & NP1#	USO/UDO Supervisor Signature, Cre	dentials, License, NPI#
CPT Code(s)	check	one $\square$ Group 1st $\square$ Group $2^{nd}$	Attendance Code Make-up □Y □Group 3rd □Group 4th	
Response(s) of Child				
Print Name of Parent/Witness		Signature of	Date	
Provider Signature & Crede	entials License or C	Cert. # & NPI#	USO/UDO Supervisor Signature, Cre	Date/
Attendance Codes: D I	Drovided CA Student A	haanaa TA Duayidan	Absonge SC School Closed	H Haliday

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 5<sup>th</sup> 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:	
CPT Code(s)	:am/pm Time Out::am/pm Attendance Code Make-up \( \text{IY} \) \( \text{N} \) Misscheck one \( \text{Group 1st} \) \( \text{Group 2}^{nd} \) \( \text{Group 3rd} \) \( \text{Group 4th} \)	
Activity/Lesson Given (As per IEP including ob	jectives & 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, Li	Date//
CPT Code(s)	: am/pm Time Out:: am/pm Attendance Code Make-up \( \Price Y \) \( \Delta N \) Miss check one \( \Group 1st \) \( \Group 2^{nd} \) \( \Group 3rd \) \( \Group 4th \) \( \text{jectives & measures of success} \) :	
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, Li	
	_:am/pm Time Out::am/pm Attendance CodeMake-up \( \text{IN} \) Misscheck one \( \text{Group 1st } \text{\$\text{\$\text{Group 2}\$}\$} \) Group 3rd \( \text{\$\text{Group 4th}} \)	sed session date//_
Activity/Lesson Given (As per IEP including ob	jectives & measures of success):	
Print Name of Parent/Witness	Signature of Parent/Witness	Date//
		Date/
Provider Signature & Credentials	License or Cert. # & NPI# USO/UDO Supervisor Signature, Credentials, Li	cense, NPI#
Date of Service// Time in:	am/pm Time Out: am/pm Attendance Code Make-up \( \text{I} \) Miss check one \( \text{Group 1st } \) Group 2 <sup>nd</sup> \( \text{Group 3rd } \) Group 4th	sed session date//_
Activity/Lesson Given (As per IEP including ob	jectives & measures of success):	
Print Name of Parent/Witness	Signature of Parent/Witness	Data
Provider Signature & Credentials	License or Cert. # & NPI# USO/UDO Supervisor Signature, Credentials, Li	Date//