CORNBELT EDUCATIONAL COOPERATIVE SPEECH THERAPY WEEKLY SERVICE LOG

email to Pam Selken, Medicaid Billing Agent at pam.selken@k12.sd.us

STUDE	NT NAME							
SCHOOL DISTRICT			SPEECH-LANGUAGE PATHOLOGIST			CODE		
							CODE P = PRESCHOOL K	<u>S</u> 12 = GRADES JK-12
FREQU	ENCY OF SESSI	ON					B-C = B-3 (PART C) B-P =	= B-3 (PROLONGED)
WRITTEN IEP GOALS (NUMBERED)							UNIT = 15 MINUTE	S OF SERVICE
1.								
2.								
	MONDAY S		T TIME	END TIME	UNITS	IEP GOAL(S) #		INITIALS
DATE								
COMMENTS: Progress notes detailing the recipient's treatment responses, changes in treatment, and changes in diagnosis.								
	TUESDAY	TUESDAY STAR		ART TIME END TIME		IEP GOAL(S) #		INITIALS
DATE	E							
COMMENTS: Progress notes detailing the recipient's treatment responses, changes in treatment, and changes in diagnosis.								
WEDNESDAY		STAR	T TIME	END TIME	UNITS	IEP GOAL(S) #		INITIALS
DATE								
COMMENTS: Progress notes detailing the recipient's treatment responses, changes in treatment, and changes in diagnosis.								
	THURSDAY	STAR	T TIME	END TIME	UNITS	IE	P GOAL(S) #	INITIALS
DATE			!=		3			
COMMENTS: Progress notes detailing the recipient's treatment responses, changes in treatment, and changes in diagnosis.								
	FRIDAY	STAR	T TIME	END TIME	UNITS	IE	P GOAL(S) #	INITIALS
DATE								
COMMENTS: Progress notes detailing the recipient's treatment responses, changes in treatment, and changes in diagnosis.								

Speech-Language Pathologist Signature: X NPI #: _____ Date: ____