

District: _____
Related Service Therapy Logs

2010-11

MONTH/YR: _____

Related Service: Speech OT PT CO

Page: _____ of _____

Student's Name: _____ DOB: _____
Last/ First Placement

Session Notes

Date of Session: [mm/dd/yy]	CPT Code	Units	Size [G I]	# in group	Time In	Time Out	Length [30 45 60]	Location [Therapy Room, Classroom]	Therapist Initials
1. ____/____/____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2. ____/____/____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3. ____/____/____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4. ____/____/____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5. ____/____/____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6. ____/____/____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7. ____/____/____	_____	_____	_____	_____	_____	_____	_____	_____	_____
8. ____/____/____	_____	_____	_____	_____	_____	_____	_____	_____	_____
9. ____/____/____	_____	_____	_____	_____	_____	_____	_____	_____	_____
10. ____/____/____	_____	_____	_____	_____	_____	_____	_____	_____	_____

***Only 1 CPT code per line. If you use more than 1 code in a session, go to the next line; use same date and actual start/end times for 2nd CPT code.

Please provide a brief description of the student's progress for each session/CPT code above on the back of this form.

Therapist
Signature: _____

Under Direction
Signature: _____
Providing direction as: SLP / OTR / PT

Title: _____
License #: _____

License #: _____

Date reviewed: _____

Name: _____

Date of Session:
[mm/dd/yy]

Brief Progress Note for each session. [Only 1 CPT code per note. If you used more than 1 code in a session, go to the next note, use same date and write brief progress for 2nd CPT code.]

1. ____/____/____ _____

Therapist Signature/Credentials/Date

2. ____/____/____ _____

Therapist Signature/Credentials/Date

3. ____/____/____ _____

Therapist Signature/Credentials/Date

4. ____/____/____ _____

Therapist Signature/Credentials/Date

5. ____/____/____ _____

Therapist Signature/Credentials/Date

6. ____/____/____ _____

Therapist Signature/Credentials/Date

7. ____/____/____ _____

Therapist Signature/Credentials/Date

8. ____/____/____ _____

Therapist Signature/Credentials/Date

9. ____/____/____ _____

Therapist Signature/Credentials/Date

10. ____/____/____ _____

Therapist Signature/Credentials/Date