

Student:

### Psyc/Social Worker Medicaid Log

Revised 8/10

USD #:

**Status Codes:**

- 1- Delivered
- 2- No School
- 3- Student Absent
- 4- Student Refused
- 5- Outside Activity
- 6- Provider Absent

**Progress Codes:**

- 1- Not Applicable
- 2- Regression
- 3- No Improvement
- 4- Minimal Improvement
- 5- Moderate Improvement
- 6- Significant Improvement
- 7- Mastered

**Goal:**

School Psych\ Social Worker:

Date: / /20

| Time In | Time Out | Total Min |
|---------|----------|-----------|
| a       | a        |           |
| p       | p        |           |

**Assessment & Response (Activity & Performance):**

Procedure Code:

Progress Code:

Status Code:

Provider Signature And Position

Date: / /20

| Time In | Time Out | Total Min |
|---------|----------|-----------|
| a       | a        |           |
| p       | p        |           |

**Assessment & Response (Activity & Performance):**

Procedure Code:

Progress Code:

Status Code:

Provider Signature And Position

Date: / /20

| Time In | Time Out | Total Min |
|---------|----------|-----------|
| a       | a        |           |
| p       | p        |           |

**Assessment & Response (Activity & Performance):**

Procedure Code:

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Date: / /20

| Time In | Time Out | Total Min |
|---------|----------|-----------|
| a       | a        |           |
| p       | p        |           |

**Assessment & Response (Activity & Performance):**

Procedure Code:

Progress Code:

Status Code:

Provider Signature And Position

\_\_\_\_\_  
School Psychologist or Social Worker Signature w/ Credentials

\*\* I hereby certify that I reviewed and supervised or carried out these services in accordance with the student's IEP.