

# SLP Medicaid Log

Revised 1/10

Student: \_\_\_\_\_

USD # \_\_\_\_\_

Licensed SLP: \_\_\_\_\_

<u>Status Codes:</u>	<u>Progress Codes:</u>	<u>Goal:</u>
1- Delivered	1- Not Applicable	
2- No School	2- Regression	
3- Student Absent	3- No Improvement	
4- Student Refused	4- Minimal Improvement	
5- Outside Activity	5- Moderate Improvement	
6- Provider Absent	6- Significant Improvement	
	7- Mastered	

Date:    /    /20	<b>Assessment &amp; Response (Activity &amp; Performance):</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Time In</th> <th style="width: 33%;">Time Out</th> <th style="width: 34%;">Total Min</th> </tr> <tr> <td style="text-align: center;">a</td> <td style="text-align: center;">a</td> <td></td> </tr> <tr> <td style="text-align: center;">p</td> <td style="text-align: center;">p</td> <td></td> </tr> </table>		Time In	Time Out	Total Min	a	a		p	p	
Time In		Time Out	Total Min							
a		a								
p		p								
Procedure Code: 925 ____										
Progress Code:										
Status Code:										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Provider Signature And Position _____</td> </tr> </table>	Provider Signature And Position _____								
Provider Signature And Position _____										

Date:    /    /20	<b>Assessment &amp; Response (Activity &amp; Performance):</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Time In</th> <th style="width: 33%;">Time Out</th> <th style="width: 34%;">Total Min</th> </tr> <tr> <td style="text-align: center;">a</td> <td style="text-align: center;">a</td> <td></td> </tr> <tr> <td style="text-align: center;">p</td> <td style="text-align: center;">p</td> <td></td> </tr> </table>		Time In	Time Out	Total Min	a	a		p	p	
Time In		Time Out	Total Min							
a		a								
p		p								
Procedure Code: 925 ____										
Progress Code:										
Status Code:										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Provider Signature And Position _____</td> </tr> </table>	Provider Signature And Position _____								
Provider Signature And Position _____										

Date:    /    /20	<b>Assessment &amp; Response (Activity &amp; Performance):</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Time In</th> <th style="width: 33%;">Time Out</th> <th style="width: 34%;">Total Min</th> </tr> <tr> <td style="text-align: center;">a</td> <td style="text-align: center;">a</td> <td></td> </tr> <tr> <td style="text-align: center;">p</td> <td style="text-align: center;">p</td> <td></td> </tr> </table>		Time In	Time Out	Total Min	a	a		p	p	
Time In		Time Out	Total Min							
a		a								
p		p								
Procedure Code: 925 ____										
Progress Code:										
Status Code:										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Provider Signature And Position _____</td> </tr> </table>	Provider Signature And Position _____								
Provider Signature And Position _____										

Date:    /    /20	<b>Assessment &amp; Response (Activity &amp; Performance):</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Time In</th> <th style="width: 33%;">Time Out</th> <th style="width: 34%;">Total Min</th> </tr> <tr> <td style="text-align: center;">a</td> <td style="text-align: center;">a</td> <td></td> </tr> <tr> <td style="text-align: center;">p</td> <td style="text-align: center;">p</td> <td></td> </tr> </table>		Time In	Time Out	Total Min	a	a		p	p	
Time In		Time Out	Total Min							
a		a								
p		p								
Procedure Code: 925 ____										
Progress Code:										
Status Code:										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Provider Signature And Position _____</td> </tr> </table>	Provider Signature And Position _____								
Provider Signature And Position _____										

Licensed SLP's Signature w/ Credentials    \*\* I hereby certify that I reviewed and supervised or carried out these services in accordance with the student's IEP.