

Psychological Services

Early Intervention School Age

School Name: _____

Student's Name: _____ Date of Birth: _____ PA Secure ID _____ Service month/year: _____

Provider's Name: _____ Title: _____ Provider's Signature: _____ Date: _____

Diagnosis/Symptoms: _____

Service	Treatment						Progress <i>(Refer to keys below and on page 2 for an explanation on progress indicators and treatment codes)</i>	
Date	Start Time	End Time	Total Time	Service Type	Treatment Key	Individual or Group	Progress Indicator Key	Daily Progress Note

Service Type
D- Direct Session
DM- Direct Session: Make-up Session

Progress Indicator Key	
MN- Maintaining	MS- Mastering
RG- Regressing	IN- Inconsistent
PR- Progressing	

Supervisor's Name: _____ Supervisor's Signature: _____ Date: _____



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Treatment Key:

3	Direct	Psychological evaluation of records for diagnostic purposes
4	Direct	Individual and group therapy
5	Direct	Obtaining, integrating, and interpreting information about medical/mental health conditions in relation to learning
6	Direct	Consulting with a psychiatrist, primary care physician, and other health care professionals to coordinate treatment
7	Direct	Individual and group counseling
8	Direct	Crisis Assistance
9	Direct	Developing and implementing and Individual Behavior Plan providing specific instructions for PCAs, teachers, and other staff working with a mental health disabled student
10	Direct	Skills designed to improve basic functioning of the student in activities of daily and community living and improve social interactions with others.