

<b>Student Name</b>	<b>DOB</b>	<b>District</b>	<b>Therapist Name</b>	<b>Title</b>
<b>Type of Service</b>	<b>ICD-9/10:</b>		<b>UDO:</b>	<b>License # :</b> <b>NPI #</b>
<b>Location</b> (can identify address)	<b>Frequency/Duration</b>		<b>EI Service Coordinator's Name:</b>	

<b>Date/Time/ Duration</b>	<b>Activities and Progress -toward Goals on IFSP / IEP</b>	<b>Signature w/ Credentials and Date</b>
Date: Time in: Time out: Duration Location: Individual <input type="checkbox"/> Group <input type="checkbox"/> CPT:		UDO -
<b>Date/Time/ Duration</b>	<b>Activities and Progress -toward Goals on IFSP / IEP</b>	<b>Signature w/ Credentials and Date</b>
Date: Time in: Time out: Duration Location: Individual <input type="checkbox"/> Group <input type="checkbox"/> CPT:		UDO -
<b>Date/Time/ Duration</b>	<b>Activities and Progress -toward Goals on IFSP / IEP</b>	<b>Signature w/ Credentials and Date</b>
Date: Time in: Time out: Duration Location: Individual <input type="checkbox"/> Group <input type="checkbox"/> CPT:		UDO -
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<b>Date/Time/ Duration</b>	<b>Activities and Progress -toward Goals on IFSP / IEP</b>	<b>Signature w/ Credentials and Date</b>
Date: Time in: Time out: Duration Location: Individual <input type="checkbox"/> Group <input type="checkbox"/> CPT:		UDO -

Revision Date: 8/17/15