

Psychiatric Services Log

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:

1	Direct	Examining a student's history, mental status, or behavior.
2	Direct	Communicating with the student, family, service providers, educators, and others.
3	Direct	Ordering and interpreting laboratory tests and other diagnostic studies.
4	Direct	Pharmacological management of psychotropic medications.
5	Direct	Conducting individual psychotherapy.
6	Direct	Crisis Assistance.
7	Direct	Developing an Individual Behavior Plan providing specific instructions for PCAs, teachers, and other support staff working with a mental health disabled student.