

Service Provider Evaluation Log

Early Intervention School Age

LEA Name: _____

Student's Name: _____ PA Secure ID _____ DOB: _____

Diagnosis: _____

Service Provider's Name: _____

Service Provider's Title: _____

Initial Evaluation* Re-evaluation**

Service Specialty	
<input type="checkbox"/> Audiology <input type="checkbox"/> Nursing – LPN <input type="checkbox"/> Nursing – RN <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Orientation and Mobility	<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Psychiatry <input type="checkbox"/> Social Worker <input type="checkbox"/> Speech, Language, Hearing <input type="checkbox"/> Teacher of Hearing Impaired

Evaluation Activity	Date	Time	Date	Time	Total Time	
					Hrs.	Min.
1. Administering Tests (face-to-face)						
2. Student Assessment (face-to-face)						
3. Student observation in classroom (face-to-face)						
4. Consultation with Medical Professional						
5. Consultation with Parent						
6. Consultation with Teacher						
7. Report Writing						
Total Time	When evaluation is complete, total all time relating to evaluation (for billing) →					
					Hrs.	Min.

Enter billing date below, based on type of evaluation.			
*	I	IEP Date (Billing Date)	
**	RR	Evaluation Completion Date (Billing Date)	

Notes: (optional)

Notes: An initial evaluation or re-evaluation may only be billed to Medicaid if it results in the student receiving an ongoing IEP health-related MA-eligible service(s). The ongoing service does not have to be the same discipline as the evaluation.

Exit evaluations are not billable.

In order for the evaluation log to be submitted as a compensable claim, **at least one of the three face-to-face options must be completed.**

Service Provider's Signature: _____ Date: _____