

Physical Therapy Services Log

Student's name: _____ Provider's name: _____
 Student's date of birth: _____ Service month/year: _____ Provider's title: _____
 School: _____ Provider's signature: _____ Date: _____
 Diagnosis/symptom(s): _____ *Supervisor's signature: _____ Date: _____

** A supervisory signature is required when services are provided by a paraprofessional.*

Service	Date																												
Treatment	Time																												
	Treatment Code																												
Refer to the keys below for an explanation of the Treatment Codes and Progress Indicators	Type of Service	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group	Indiv	Group
	Progress Indicator																												
Teacher Contact	Time																												
Instructional Assistant Contact	Time																												
Parent Contact	Time																												
Equipment Set Up	Time																												
Charting and Report Writing	Time																												
MDT Planning	Time																												
Travel	Time																												
Other	Time																												
Total																													

Treatment Key:
 A - Activities of Daily Living AT - Assistive Technology B - Balance and Coordination E - Evaluation/Assessment G - Gait Training M - Motor Skills
 O - Observation OM - Oral Motor P - Postural Control R - Range of Motion
 S - Strengthening T - Transfers TE - Therapeutic Exercises

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Progress Indicator Key: I - Improvement SI - Slight Improvement
 NC - No Change R - Regression

Monthly Notes must fully disclose the student's progress or outcome for the month in relation to the treatments provided and the medical/mental health-related goals in the IEP