

Psychological Assessment Log

Early Intervention School Age

LEA Name: _____ Psychologist's Name: _____

Student's Name: _____ PA Secure ID: _____ Date of Birth: _____

Diagnosis/Symptom(s): _____

Initial Evaluation* Re-evaluation**

Evaluation Activity	Date	Time	Date	Time	Total Time	
					hrs.	min.
1. Administering Tests (face-to-face)						
2. Assessment of Student (face-to-face)						
3. Classroom Observation (face-to-face)						
4. Consultation with a Medical Professional						
5. Professional Responsibilities: Parent Consultation						
6. Professional Responsibilities: Teacher / Staff Consultation						
7. Report Writing						
Total Time						

Enter billing date below, based on type of evaluation.

*	I	IEP Date (Billing Date)	
**	RR	Evaluation Completion Date (Billing Date)	

Notes (optional): _____

Psychologist's Signature: _____ Date: _____

Notes: Only psychological assessments that lead to and result in the creation of an IEP or the continuation of an IEP can be billed to Medical Assistance.

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.**