

PA SBAP SELF-AUDIT RECORD REVIEW DOCUMENT

Student Name: _____ **DOB:** _____

Service: _____ **Service Date:** _____

LEA Reviewer: _____ **Date of Review:** _____

1. Parental Consent Form:

- Student-specific, signed & dated: Yes No
- IEP Meeting date referenced: Yes No
- Permission for billed service: Yes No
- School referenced: Yes No
- Duration of services referenced: Yes No

2. IEP:

- IEP: Yes No
- Billed service listed: Yes No
- Frequency: Yes No
- Duration: Yes No

3. Medical Authorization:

- Authorization for billed service: Yes No
- Date of service covered by authorization: Yes No
- Frequency/duration matches IEP: Yes No

4. Service Provider Log:

- Student specific: Yes No

4. Service Provider Logs (cont'd):

- | | | |
|--|-----|----|
| • Diagnosis or description of symptom: | Yes | No |
| • Date of service: | Yes | No |
| • Type of service: | Yes | No |
| • Length of service: | Yes | No |
| • Collateral services, if billed: | Yes | No |
| • Daily progress indicator: | Yes | No |
| • Monthly progress statement: | Yes | No |
| • Practitioner signature and title: | Yes | No |
| • Supervisor signature, if needed: | Yes | No |
| • Legibility of log: | Yes | No |

5. Attendance Records:

- | | | |
|--|-----|----|
| • Student in attendance on date service billed: | Yes | No |
| • Service Provider in attendance on date service billed: | Yes | No |

6. Service Provider List:

- | | | |
|--|-----|----|
| • Service Provider registered with Leader: | Yes | No |
| • License/Certification number: | Yes | No |
| • License/Certification current: | Yes | No |

Corrective Action Needed:**Additional Comments:**