

## OT Medicaid Log

Revised 1/10

Student:

USD #:

Licensed OT:

Certified OTA:

<b>Status Codes:</b>	<b>Progress Codes:</b>	<b>Goal:</b>
1- Delivered	1- Not Applicable	
2- No School	2- Regression	
3- Student Absent	3- No Improvement	
4- Student Refused	4- Minimal Improvement	
5- Outside Activity	5- Moderate Improvement	
6- Provider Absent	6- Significant Improvement	
	7- Mastered	

Date:    /    /20	<b>Assessment &amp; Response (Activity &amp; Performance):</b>									
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