Student:	PT Medicaid Log		icaid Log	Revised 1/10
	Status Codes:	Progress Codes:	Goal:	
USD #:	1- Delivered	1- Not Applicable		
	2- No School	2- Regression		
Licensed PT:	-	3- No Improvement		
Certified PTA:	5- Outside Activity 6- Provider Absent	4- Minimal Improvement5- Moderate Improvement6- Significant Improvement7- Mastered		
Date: / /20 Ass	sessment & Response (Activ	vitv & Performance):		
Time In Time Out Total Min	,	,,		
a a p				
Procedure Code:				
Progress Code:				Provider Signature And Position
Status Code:				
Date: / /20 Ass	sessment & Response (Activ	vity & Performance):		
Time In Time Out Total Min				
a a p p				
Procedure Code:				
Progress Code:				Provider Signature And Position
Status Code:				
	sessment & Response (Activ	vity & Performance):		
Time In Time Out Total Min				
a a p				
Procedure Code:				
Progress Code:				Provider Signature And Position
Status Code:				
	sessment & Response (Activ	vity & Performance):		
Time In Time Out Total Min				
a a p p				
Procedure Code:				
Progress Code:				Provider Signature And Position
Status Code:				

Licensed PT's Signature w/ Credentials ** I hearby certify that I reviewed and supervised or carried out these services in accordance with the student's IEP.