

SLP Medicaid Log

Revised 1/10

Student: _____

USD # _____

Licensed SLP: _____

<u>Status Codes:</u>	<u>Progress Codes:</u>	<u>Goal:</u>
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	Assessment & Response (Activity & Performance):									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Time In</th> <th style="width: 33%;">Time Out</th> <th style="width: 34%;">Total Min</th> </tr> <tr> <td style="text-align: center;">a</td> <td style="text-align: center;">a</td> <td></td> </tr> <tr> <td style="text-align: center;">p</td> <td style="text-align: center;">p</td> <td></td> </tr> </table>		Time In	Time Out	Total Min	a	a		p	p	
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Licensed SLP's Signature w/ Credentials ** I hereby certify that I reviewed and supervised or carried out these services in accordance with the student's IEP.