

Daily Session Notes

School District Name: _____ Month/Year: _____

Student's Name: _____ Date of Birth: _____ Service Type: (circle one): ST, OT, PT, Nursing

IEP Service Frequency: _____

Provider's Name: _____ Title: _____ NPI _____ & Lis# _____

| Date of service | CPT Code | # Units | Group/Individual (# in group) | Setting Time In/Time out | Student Response: description of students progress or regression made by receiving services daily | Signature & Credentials |
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****Note: Each daily session note must have provider's signature and credentials in the signature box in order to receive payment. All requirements are due to New York State Guidelines****