________________COUNTY SPEECH THERAPY PROGRESS NOTES/LOGS

BEGINNING DATE:	ENDING DATE:

LAST NAME	FIRST NAME		BIRTHDATE	PROVIDER NUMBER	
MEDICAID NUMBER	**DIAG. CODE**	**WVEIS#**	**SCHOOL**	**PROCEDURE CODE**	**UNITS**
Future Goal: ______ Continue IEP until completion date ______ Reconvene IEP Team to address change					
IEP Goals and Objectives:					

Date mm/dd/yy	Time In	Time Out	IEP Objective	Proc. Code	Activity/Progress
					Signature:
Date mm/dd/yy	Time In	Time Out	IEP Objective	Proc. Code	Activity/Progress
					Signature:
Date mm/dd/yy	Time In	Time Out	IEP Objective	Proc. Code	Activity/Progress
					Signature:
Date mm/dd/yy	Time In	Time Out	IEP Objective	Proc. Code	Activity/Progress
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					Signature:
Date mm/dd/yy	Time In	Time Out	IEP Objective	Proc. Code	Activity/Progress
					Signature:

Speech Evaluation	92506	Individual Speech Therapy–15 minute session	92507	Group Speech Therapy–15 minute session	92508