

PHYSICAL AND OCCUPATIONAL THERAPIES

SUMMARY OF PROGRESS

NAME OF STUDENT: _____ PLACE OF SERVICE: _____

SS# : _____ MEDICAID #: _____ ACCOUNT: _____

NAME OF PROVIDER: _____

THERAPIST/TITLE: _____

:

DIAGNOSIS CODE: _____

DATE/S OF SERVICE: _____

STUDENT ATTENDANCE: STUDENT ATTENDED _____ OF _____ SCHEDULED THERAPY SESSIONS.

Summary of Progress: The Summary of Progress is a note written by the therapist that records the nature of the student's treatment, documents progress toward stated goals/objectives and establishes the need for the child's continued participation in therapy. Every Summary of Progress must include statements summarizing the child's attendance at therapy sessions, the child's progress or lack of progress toward treatment objectives, the appropriateness of services being furnished, and the need for the child's continued participation in the program. Each Summary of Progress must contain the therapist's signature, title, and date written.

Therapist's Signature/Title

Date Written

Note: Each clinical service note must include sufficient information to support billing for Medicaid services.