Hearing-Impaired Service Provider Log

Student's name:				Provider's Name:	
Student's date of birth:		PA Secure ID:		Provider's Title:	
School:		Date:		Provider's Signature:	
Disability/symptom(s):				☐ Early Intervention ☐ School Age	

Service	Treatment			Refer to the keys below for an explanation of the treatment codes and progress indicators			
Date	Start Time	End Time	Treatment Key (see Pg 2)	Group Size	Service Type	Progress Indicator Key	Description of Service

Service Type:

In-Person:	
D = Direct – In-person Session	**DM =** Direct – In-person Make-up Session
Session Did Not Occur:	
PA = Provider Absent	**PNA =** Provider Not Available
SA = Student Absent	**SNA =** Student Not Available
Telehealth:	
10 = Direct – Telehealth Session (student at home)	**02 =** Direct – Telehealth Session (student somewhere other than home)
10M = Direct – Telehealth Make-up Session (student at home)	**02M =** Direct – Telehealth Make-up Session (student somewhere other than home)

Progress Indicator Type:

Mn = Maintaining	**Pr =** Progressing	**In =** Inconsistent
Rg = Regressing	**Ms =** Mastering	

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Treatment Key:

1	Articulation for Hearing Support	11	Expressive Language
2	Assistive Technology	12	Figure-Ground Discrimination
3	Auditory Comprehension	13	FM Training Auditory Memory
4	Auditory Discrimination	14	Hearing Aid Maintenance
5	Auditory Memory	15	Hearing/FM Aid Instruction to Student
6	Auditory Training	16	Language Enhancement
7	Auditory Training and Language Skills	17	Receptive and Expressive Communication Feedback through Listening Technology in the Hearing-Impaired Services
8	Augment Oral Communication		
9	Augment Written Communication	18	Receptive Language
10	Aural Rehabilitation	19	Speech Reading

Notes:

- All Direct Services should be provided in person with the student whenever possible.
- Services rendered via telehealth must be provided according to the same standard of care as if delivered in person.
- Use the "Service Provider Evaluation Log" for evaluations and/or assessments.